

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90125 034 ****61.25

DOCUMENT # N97000003849



1. Entity Name
ST. PETER'S ANTIOCHIAN ORTHODOX CATHOLIC CHURCH, INC.

Principal Place of Business
**1811 NORTHWEST 4TH COURT
MIAMI FL 33136**

Mailing Address
**1811 NORTHWEST 4TH COURT
MIAMI FL 33136**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2019406**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LLOYD, G. LEROY III
315 NORTHEAST 131ST ST
NORTH MIAMI FL 33161**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Handwritten Signature]*
Signature, typed or printed name of registered agent and file it applicable. (NOTE: Registered Agent signature required when reinstating)

4/6/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LLOYD, G. LEROY III | |
| STREET ADDRESS | 315 NE 131ST ST | |
| CITY-ST-ZIP | MIAMI FL 33161 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEAN, GEORGE | |
| STREET ADDRESS | 1476 NW 37TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NICHOLLS, FLORENCE | |
| STREET ADDRESS | 1317 NW 2ND AVE | |
| CITY-ST-ZIP | MIAMI FL 33136 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JONES, FREDDIE | |
| STREET ADDRESS | 2150 N.W. 60TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Handwritten Signature]*

4/6/03

CR2E037 (10/02)