I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

#### SIGNATURE: JAMES BARR

Electronic Signature of Signing Officer/Director Detail

Title D D Name BARR, JAMES Name WILDER, NELLIE Address 2485 NW 65TH ST. Address 2485 NW 65TH ST. City-State-Zip: MIAMI FL 33147 City-State-Zip: MIAMI FL 33147

D

GIBSON, MELVINA

2485 NW 65TH ST.

MIAMI FL 33147

BARR, JAMES 2485 NW 65TH ST.

Title

Name

Address

City-State-Zip:

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100007107

Entity Name: ST. ANNE'S AFRICAN ORTHODOX CHURCH, INC.

## **Current Principal Place of Business:**

2485 NW 65TH ST. MIAMI, FL 33147

#### **Current Mailing Address:**

2485 NW 65TH ST. MIAMI, FL 33147

### FEI Number: 36-4484126

# Name and Address of Current Registered Agent:

MIAMI, FL 33147 US

SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :** Title

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.

Certificate of Status Desired: Yes

May 24, 2020 Secretary of State 2519797171CC

FILED

05/24/2020 Date

Date

DIRECTOR