FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 733872

(6)

THE ORTHODOX DEANERY OF FLORIDA, INCORPORATED							
Principal Place	of Business	Mailing Address			0 1084H 10840 11160 1110) 1866 E8840		1811 SERIL 1886
2001 DYAN WAY 2001 DYAN WAY MAITLAND FL 32751 MAITLAND FL 32751							
					3. Date Incorporated or Qualified 09/19/1975	3a. Date of Last F 03/10/19	95
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2877903	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8.75	Additional	
22		27		Certificate of Status Desired	Fee F	lequired	
Orty & State		City & State		6. Election Campaign Financing		May Be	
23 Zip	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for it	A0080	199.032.
24	25	29	30			Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Agent	
			81	Name			
	, v. rev. fr. John E.		82	Street A	Address (P.O. Box Number is Not Acceptab	le)	
2001 DYAN WAY			83				
MAIILAN	D FL 32751						
			84	City		FL 85 Zip	Code
or register	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz	ed by the corp	named co coration's	rporation submits this statement for the pur board of directors. I hereby accept the apport	pose of changing its re pintment as registered	egistered office agent. I am
SIGNATURE _	Signature, typed or printed harrie of registered agent	t and title diagnologics (NC	TF: Beoistered Are	nt signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADD:TIONS/CHANGES TO OFF	ICERS AND DIRECTO	
TITLE	Р	DEFELE	1.1 TITLE			☐ Change	Addition
NAME	HAMATIE, JOHN E., REV.		1 2 NAME				
STREET ADDRESS	2001 DYAN WAY			I ADDRESS			
CITY+\$1+2IP TITLE	MAITLAND FL	DELETE	14 CITY- 21 TITLE	ST-ZIP		Change	Addition
NAME	d Khoury, fouad N.	Посселе	2 2 NAME			_ ,	
STREET ADDRESS	740 SILVERWOOD DR.			T ADDRESS			
City-ST-ZiP	LAKE MARY FL		2 4 CITY				
TITLE	SD	DELETE	31 TITLE			☐ Change	Addition
NAME	HAMATIE, ALYCE		3.2 NAME				
STREET ADDRESS	660 SHERWOOD COURT			T ADORESS			
CHTY - ST - ZIP	ALTAMONTE SPRINGS FL	™ OELETE	3.4 CITY 4.1 TITLE	-ST - ZIP	→ , _	S Change	Addition
TITLE NAME	D EOUSE, GEORGE	Depterie	4.1 IIILE 4.2 NAM	:	8320 Alveron No	E Ononge	
STREET ADDRESS	8413-LYRIC CT.			T ADDRESS	8320 Alveran Lue		
CHTY - ST - ZIP	ORLANDO EL		4.4 CITY-		Orlands, FL		
TITLE	TD	☐ DELETE	51 TITLE		•	☐ Change	Addition
NAME	MAILLIS, THOMAS		5.2 NAME				
STREET ADDRESS	4322 LANCASHIRE RD		53 STREE	T ADDRESS			
C(TY-ST-ZIP	ORLANDO FL	Closuste	5 4 CHTY-	ST-ZIP		Chanco	Addition
TITLE	VD	DELETE	6 1 TITLE			Change	☐ ¥00000011
NAME OTOTET ADDOGGO	Volik, Eugene 608 S. Hampton Avenue		6.2 NAME	T ADDRESS			
STREET ADDRESS	ORLANDO FL		6.4 CITY				
14. I do hereb	w cortify that the information supplied	with this filing is voluntarily furn	nished and do	es not que	I alify for the exemption stated in Section 119	.07(3)(k), Florida Statut	es. I further
certify that	t the information indicated on this ann	iual report or supplemental and oration or the receiver or truste	nual report is t se empowered	tie and ac	ocurate and that my signature shall have the te this report as required by Chapter 617, Fl	same legal effect as if	made under

SIGNATURE:

TURY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

407-422-3236

Daytime Phone #