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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733872

1. Corporation Name
THE ORTHODOX DEANERY OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
2001 DYAN WAY MAITLAND FL 32751	2001 DYAN WAY MAITLAND FL 32751

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/19/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2877903 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAMATIE, V. REV. FR. JOHN E.
2001 DYAN WAY
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAMATIE, JOHN E., REV.		1.2 NAME		
STREET ADDRESS	2001 DYAN WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	KHOURY, FOUAD N.		2.2 NAME	Nelson San Pedro	
STREET ADDRESS	740 SILVERWOOD DR.		2.3 STREET ADDRESS	1702 millbridge Court	
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAMATIE, ALYCE		3.2 NAME		
STREET ADDRESS	660 SHERWOOD COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EDWARD, STEVENS		4. 2 NAME		
STREET ADDRESS	8320 ALVERON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MAILLIS, THOMAS		5.2 NAME	Donald Bittar	
STREET ADDRESS	4322 LANCASHIRE RD		5.3 STREET ADDRESS	116-13th Avenue	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VOLIK, EUGENE		6.2 NAME		
STREET ADDRESS	608 S. HAMPTON AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V. Rev. Fr. John E. Hamatie — 1-8-99 — 407-422-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #