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

DOCUMENT # 733872

1. Entity Name



FILED
Apr 25, 2003 8:00 am §
Secretary of State

04-25-2003 90448 001 ***122.50

IHE ORII	HODOX DEANERY OF FLOR	IDA, INC	OHPOHATED						
Principal Place of Business 2001 DYAN WAY MAITLAND FL 32751		2001 Di	Mailing Address 2001 DYAN WAY MAITLAND FL 32751						
		,	·		1 11111 11111				
2. Principal Place of Business		3. Maili	3. Mailing Address				i	JII 01011 1 781	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number	59-2877903	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip		Country	5. Certificate of 8		\$8.75 Add	ditional	
	6. Name and Address of Current	Régistere	d Agent		7. Name and Ad	dress of New Registered			
ALLANDE M. SELLED TOURS F				Name	Name .				
Hamatie, V. Rev. Fr. John E. 2001 Dyan Way				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
MAITLAN	D FL 32751								
				City		FL	Zip Cod	.e	
	named entity submits this statement for ions of registered agent.	or the purpo	se of changing its	registered office or regi	stered agent, or both, in	n the State of Florida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if anni	cable (NOTE	: Registered Agent signature rec	uired when reinstating)	DATE			
	- Signature, types or printed frame or registered agont	and the mapping		- Treglateres Pyviit algranere rec	aned which remaining				
FÎLE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS		11.	ADDITIONS/CHANG	GES TO OFFICERS AND DI	RECTORS IN	1 10	
TITLE NAME	TD SOLACK, MARK		☐ Delete	title Name			Change	Addition 3	
STREET ADDRESS	3745 ALDERGATE PLACE			STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32832			CITY-ST-ZIP					
TITLE NAME	SD Hamatie, alyce		☐ Delete	TITLE NAME			☐ Change	Addition (
STREET ADDRESS	660 SHERWOOD COURT			STREET ADDRESS	_			Ì	
CITY:ST:ZIP	ALTAMONTE SPRINGS FL			CITY-ST-ZIP					
TITLE NAME	D EDWARD, STEVENS		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	8320 ALVERON AVE			STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP			<u>-</u>		
TITLE	D Hereich, Karen		Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	130 LAKE DESTINY TRAIL			NAME STREET ADDRESS				-	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716	3		CITY-ST-ZIP					
TITLE	VD		☐ Delete	TITLE	<u></u>		Change	Addition	
NAME STREET ADDRESS	Volik, Eugene 608 S. Hampton Avenue			NAME STREET ADDRESS				}	
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP					
TITLE	PD		☐ Delete	TITLE		 	☐ Change	☐ Addition	
NAME	HAMATIE, V.REV, JOHN			NAME				(
STREET ADDRESS CITY-ST-ZIP	2001 DYAN WAY			STREET ADDRESS CITY-ST-ZIP				}	
49	MAITLAND FL 32251	451-400		the exponetion stated in	- 6	Inside Ctatutes further	::		

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:

4/22/03

407-425-0683