2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # N46269** 1. Entity Name ONE HOLY CATHOLIC AND APOSTOLIC ORTHODOX CHURCH, 04-24-2000 90015 015 ****70.00 Principal Place of Business Mailing Address 340 NE 19TH AVE. 340 NE 18TH AVE. STE 2-103 STE 2-103 HOMESTEAD FL 33033-5050 HOMESTEAD FL 33033-050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0301738 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPYROU, CONSTANTINE A. 340 NE 18TH AVE., STE 2-103 **HOMESTEAD FL 33033-5050** City 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TRD ☐ Delete ☐ Change Addition TITLE TITLE FONSECA, MARIZILDA NAME NAME SPYROU, CONSTANTINTE ARCHBSH 7941 S.W. 146 1 Ave, STREET ADDRESS STREET ADDRESS 340 NE 18TH AVE., STE 2-103 MIAMI, FL 33183 CITY-ST-7IP CITY-ST-ZIP HOMESTEAD FL 50 CHANCELLOPE TITLE VMD Delete TITLE BARNABASEHARDESCEE NAME MCGOWAN, KYRIL NAME STREET ADDRESS STREET ADDRESS ,1317 S. 11 ST , CITY-ST-ZIP CITY-ST-ZIP LINCOLN NE 68542 TITLE SD ☐ Delete TITLE Change Addition ZYHNC L NAME MONSALVE, JESUS M NAME STREET ADDRESS STREET ADDRESS BARIO GRAN COLOMBIA, VILLA ROSARIO CITY-ST-ZIP CITY-ST-7IP NORTE DE SANTANDER CO Delete TITLE CHANCELOR TITLE TRD NAME DETATIS, AMPARO M NAME CLAY BARNABAS CHARLES LEE 14902 N. FLORIDA AVE STE"E" STREET ADDRESS STREET ADDRESS 340 NE 18 AVE STE 2-103 CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

305-490-3890