

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 005 ****62.50

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

DOCUMENT # 707719

1. Entity Name

ORTHODOX CHURCH OF HOLY TRINITY

DO NOT WRITE IN THIS SPACE

427696

2. Principal Place of Business

3265 SR 580

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAFETY HARBOR, FL

City & State

4. FEI Number

237216333

Applied For

Not Applicable

Zip

34695

Country

PineHills

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rev. Peter Tutko

Street Address (P.O. Box Number is Not Acceptable)

1004 GREENLAF WAY

City

TARPON SPRINGS, FL

Zip Code

34689

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$.50 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Rev. Peter Tutko
1004 GREENLAF WAY
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST ANDREA KERE
1683 CASTLEWOOD LANE
PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD CARA EATLEY
2718 5TH COURT 49A
PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Peter Tutko

3/9/02

722-791-2273

Date

Daytime Phone #

CR2037B (12/01)