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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **718542** **(4)**

1. Corporation Name

ORTHODOX CHURCH OF ST. STEPHEN THE PROTOMARTYR, INC.

Principal Place of Business	Mailing Address
1895 LAKE EMMA ROAD LONGWOOD FL 32750 US	RTYR. INC. 10 MONROE AVE. DEBARY FL 32713-3204

3. Date Incorporated or Qualified: **05/18/1970**
3a. Date of Last Report: **03/06/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-1347112** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EALY, REV FR JOHN
10 MONROE AVE
DEBARY FL 32713

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	EALY, JOHN (V. REV. FR.)		1.2 NAME		
STREET ADDRESS	10 MONROE AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GIDUS, STEPHEN		2.2 NAME	Kenneth Janik	
STREET ADDRESS	836 BALCH AVE		2.3 STREET ADDRESS	2388 Starboard Cove	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VAN DEN BERG, ANN		3.2 NAME		
STREET ADDRESS	849 GREENS AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVID, ELAINE		4.2 NAME		
STREET ADDRESS	303 S DOVER CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VAUGHN, JERRY		5.2 NAME		
STREET ADDRESS	731 N SPARKMAN		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GIDUS, PAUL		6.2 NAME		
STREET ADDRESS	5546 GOLDENWOOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: FATHER JOHN EALY Father John Ealy 2/7/97 (407)668-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013084