2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 718542 Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** ORTHODOX CHURCH OF ST. STEPHEN THE PROTOMARTYR. 02-24-2000 90044 017 ****61.25 Principal Place of Business Mailing Address 1895 LAKE EMMA ROAD RTYR. INC. 10 MONROE AVE. LONGWOOD FL 32750 DEBARY FL 32713-3204 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1347112 Not Applicable Zip Country \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EALY, REV FR JOHN 10 MONROE AVE DEBARY FL 32713 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE EALY, JOHN (V. REV. FR.) NAME NAME STREET ADDRESS STREET ADDRESS 10 MONROE AVENUE CITY-ST-ZIP CITY-ST-ZIP Debary Fl ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME JANIK, KENNETH STREET ADDRESS STREET ADDRESS 2388 STARBOARD COVE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change ☐ Addition TITLE Delete TITLE NAME van den berg, ann NAME STREET ADDRESS STREET ADDRESS **849 GREENS AVENUE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE TITLE S Delete NAME DAVID, ELAINE NAME STREET ADDRESS STREET ADDRESS 303 S DOVER CT CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL ☐ Change ☐ Addition Delete TITLE KINDELL, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 136 FIGTREE RUN CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change ☐ Addition TITLE ☐ Delete TITLE GIDUS, PAUL NAME NAME 2509 Azalea Dr. STREET ADDRESS STREET ADDRESS 5540°GOLDENWOOD DR CITY-ST-ZIP CITY-ST-ZIP

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