

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90140 015 ****61.25

DOCUMENT # 744725

1. Entity Name

**THE ORTHODOX CHURCH OF SAINT ANDREW THE APOSTLE,
INC.**



Principal Place of Business

**2815 SOUTH BAY STREET
EUSTIS FL 32726**

Mailing Address

**2815 SOUTH BAY STREET
EUSTIS FL 32726**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1850254**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNLOP, KENNETH E
37208 OAK LANE
UMATILLA FL 32784**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **DEPKEN, ROBERTA**
STREET ADDRESS **2655 BROOKSIDE CIRCLE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☐ Change ☒ Addition
NAME **STEBBINS, AMBER**
STREET ADDRESS **13518 BISCAYNE DRIVE**
CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE **C** ☐ Delete
NAME **DUNLOP, KENNETH E**
STREET ADDRESS **37208 OAK LANE**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MILNER, JEAN**
STREET ADDRESS **1921 ARBOR WAY**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HAYS, BARBARA**
STREET ADDRESS **241 NORTH HILL AVE.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **TARBY, DOROTHY**
STREET ADDRESS **3455 SEMINOLE AVE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☐ Change ☒ Addition
NAME **SCHWALB, DAVID**
STREET ADDRESS **407 SASSAFRAS LANE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **PD** ☐ Delete
NAME **HUTCHESON, NUBERN**
STREET ADDRESS **11251 LAKE CIRCLE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *SIGNATURE OF NUBERN HUTCHESON* **3-23-03** **352-357-1549**

CR2E037 (10/02)

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Principal Place of Business

Mailing Address

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EUSTIS FL 32726

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EUSTIS FL 32726

90061434

DO NOT WRITE IN THIS SPACE

PAGE 2

4. FEI Number

59-1850254

Applied For

Not Applicable

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERCE, MICHAEL 2343 WESTLAND ROAD MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, CONSTANCE 36800 LAKE NORRIS ROAD EUSTIS FL #0804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELHARD, GEORGE 9223 SILVER LAKE DRIVE LEESBURG FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYGOOD, KEITH 695 BLACK IRONWOOD DRIVE DELAND FL 32724 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, SUSAN 2928 OBERLIN AVENUE ORLANDO FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAPPIN, JANE 16018 DORA AVENUE TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, ASHLEY 5770 VALERIAN BOULEVARD ORLANDO FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, JOSEPH 5770 VALERIAN BLVD. ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNECHT, GEORGE 913 GOLFSIDE DRIVE WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABBOUR, RAY 3200 VILLAGE LANE MOUNT DORA FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

M. Pierce

3-23-03

352-357-1549