

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS
2-21-96 B 1402 e

DOCUMENT # **747549 (4)**
1. Corporation Name
HOLY THEOTOKOS MONASTERY, INC.



Principal Place of Business: 111 EVERGREEN ROAD NORTH FORT MYERS FL 33903-3830
Mailing Address: 111 EVERGREEN ROAD NORTH FORT MYERS FL 33903-3830

3. Date Incorporated or Qualified: 06/08/1979
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-1927843
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**KERR, MARK (FATHER)
111 EVERGREEN ROAD
N FORT MYERS FL 33903-3830**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	LEWIS, JOHN R (FATHER) [DELETE]	1.1 TITLE	[Change] [Addition]
NAME	111 EVERGREEN ROAD	1.2 NAME	
STREET ADDRESS	N FORT MYERS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE: TSD	KERR, MARK R (FATHER) [DELETE]	2.1 TITLE	[Change] [Addition]
NAME	111 EVERGREEN ROAD	2.2 NAME	
STREET ADDRESS	N FORT MYERS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE: D	TOWNSEND, GEORGE J (FATH) [DELETE]	3.1 TITLE	[Change] [Addition]
NAME	111 EVERGREEN ROAD	3.2 NAME	
STREET ADDRESS	N FORT MYERS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[DELETE]	4.1 TITLE	[Change] [Addition]
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[DELETE]	5.1 TITLE	[Change] [Addition]
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[DELETE]	6.1 TITLE	[Change] [Addition]
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Fr. Mark (Kerr)* 10 FEB 1996 (941) 997-2846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)