

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90019 032 ****61.25

DOCUMENT # 747549

1. Entity Name

HOLY THEOTOKOS MONASTERY, INC.

Principal Place of Business

Mailing Address

**111 EVERGREEN ROAD
 NORTH FORT MYERS FL 33903-3830**

**111 EVERGREEN ROAD
 NORTH FORT MYERS FL 33903-3830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1927843

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KERR, MARK (FATHER)
 111 EVERGREEN ROAD
 N FORT MYERS FL 33903-3830**

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.

SIGNATURE

Fr. Mark (Kerr), Fr. Mark (Kerr)

31 Jan 2000

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD LEWIS, JOHN R (FATHER)**
 STREET ADDRESS **111 EVERGREEN ROAD**
 CITY-ST-ZIP **N FORT MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TSD KERR, MARK R (FATHER)**
 STREET ADDRESS **111 EVERGREEN ROAD**
 CITY-ST-ZIP **N FORT MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D TOWNSEND, GEORGE J (FATH**
 STREET ADDRESS **111 EVERGREEN ROAD**
 CITY-ST-ZIP **N FORT MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

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:

Fr. Mark (Kerr), Fr. Mark (Kerr)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jan 2000 (941)997-2846

Date

Daytime Phone #

CR2E037 (9/99)