


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90034 045 \*\*\*\*61.25

**DOCUMENT # 747549**

1. Entity 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**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**4181 Silver Sword Court**  
 Suite, Apt. #, etc.  
 City & State  
**North Fort Myers, Florida**  
 Zip  
**33903-3859**

01202004 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JOHN R (FATHER) <input type="checkbox"/> Delete 111 EVERGREEN ROAD N FORT MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4181 Silver Sword Court North Fort Myers, FL 33903-3859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD KERR, MARK R (FATHER) <input type="checkbox"/> Delete 111 EVERGREEN ROAD N FORT MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, GEORGE J. (FATH. <input checked="" type="checkbox"/> Delete 111 EVERGREEN ROAD N FORT MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DD William R. Davis, Jr. 1642 Palm Lane LaBelle, FL 33935-6624
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	<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

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:** *Father John R. Lewis* **Fr. John R. Lewis** **20 January 2004** **1-239-997-2847**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #