


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

04 FEB 20 PH 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 747549</b>			
1. Entity Name <b>HOLY THEOTOKOS MONASTERY, INC.</b>			
Principal Place of Business <b>111 EVERGREEN ROAD NORTH FORT MYERS, FL 33903-3830</b>		Mailing Address <b>4181 SILVER SWORD COURT NORTH FORT MYERS, FL 33903-3859</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>KERR, MARK (FATHER) 111 EVERGREEN ROAD N FORT MYERS, FL 33903-3830</del>		Name <b>Mother Andrea D. Nicholas</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>1340 Pinsky Rd.</b>	
		City <b>N. Fort Myers</b>	
		FL Zip Code <b>33903</b>	
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 <i>Mother Andrea D. Nicholas</i>		SIGNATURE <i>Mother Andrea D. Nicholas</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>FEB. 10, 2004</i>		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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) 4181 SILVER SWORD COURT NORTH FORT MYERS, FL 339033859 <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	TSD <del>KERR, MARK R (FATHER)</del> <del>111 EVERGREEN ROAD</del> <del>N FORT MYERS, FL</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <i>Mother Andrea D. Nicholas</i> <i>1340 Pinsky Rd.</i> <i>N. Fort Myers, FL 33903-3822</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DAVIS, WILLIAM R JR 1642 PALM LANE LABELLE, FL 339356624 <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
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)(l), 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: <i>Father John R. Lewis</i>		SIGNATURE <i>Father John R. Lewis</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>FEB. 10, 2004</i>	
		Daytime Phone # <i>229-0211</i>	

94016184



02102004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1927843**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required