2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 06, 2007 **DOCUMENT# 747549** Secretary of State

Entity Name: HOLY THEOTOKOS MONASTERY, INC.

Current Principal Place of Business: New Principal Place of Business:

111 EVERGREEN ROAD

NORTH FORT MYERS, FL 339033830

Current Mailing Address: New Mailing Address:

4181 SILVER SWORD COURT NORTH FORT MYERS, FL 339033859

FEI Number: 59-1927843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLAS, ANDREA D MOTHER 1340 PINEÝ RD NORTH FORT MYERS, FL 339033822 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LEWIS, JOHN R FATHER NICHOLAS, ANDREA D MOTHER Name: Name:

4181 SILVER SWORD COURT Address: 1340 PINEY RD Address:

City-St-Zip: NORTH FORT MYERS, FL 339033859 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TSD Title: (X) Change () Addition () Delete NICHOLAS, ANDREA D MOTHER Name: SUNDERLAND, JUSTINA D MATUSHK Name:

Address: 1340 PINEY RD Address: 9615 E US HWY 92 City-St-Zip: NORTH FORT MYERS, FL 339033822 City-St-Zip: TAMPA, FL 33610

Title: () Delete Title: () Change () Addition

KAGELARIS, GEORGIA S Name: Name: Address: 6383 GRODA CAY TERR Address: City-St-Zip: LANTANA, FL 334626924 City-St-Zip:

Title: () Delete Title: () Change () Addition

SUNDERLAND, STEVEN W FATHER Name: Name: Address: 9615 E US HWY 92 Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

SUNDERLAND, JUSTINA D MATUSHK Name: Name: 9615 E US HWY 92 Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATUSHKA JUSTINA D SUNDERLAND TSD 09/06/2007