2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# 747549

Entity Name: HOLY THEOTOKOS MONASTERY, INC.

Current Principal Place of Business:

4181 SILVER SWORD CT
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

4181 SILVER SWORD CT
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 59-1927843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUNDERLAND, MATUSHKA J
9615 E. US HWY 92
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NICHOLAS, ANDREA D MOTHER
Address: 1340 PINEY RD
City-St-Zip: NORTH FORT MYERS, FL 33903

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

Title: DD ( ) Delete
Name: KAGELARIS, GEORGIA S
Address: 6383 GRODA CAY TERR
City-St-Zip: LANTANA, FL 334626924

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MOTHER ANDREA D NICHOLAS PD 07/07/2008
Electronic Signature of Signing Officer or Director Date