

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761010 (8)
1. Corporation Name
**THE DIOCESE OF THE SOUTH OF THE ORTHODOX CHURCH
IN AMERICA, INC.**



Principal Place of Business
**4218 WYCLIFF
#130
DALLAS TX 75219
US**

Mailing Address
**PO BOX 191109
DALLAS TX 75219-8109
US**

3. Date Incorporated or Qualified **12/09/1981** 3a. Date of Last Report **05/31/1996**

2. Principal Place of Business
21 4222 WYCLIFF
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

4. FEI Number **59-2679075** Applied For
Not Applicable

22
City & State

27
City & State

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

23 DALLAS TX
Zip Country

28
City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 75219 **25 US** **29** **30**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIOS, ERNESTO R
1712 SW GARNETT ST
PORT ST LUCIE FL 34953**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYSTER, BISHOP DMITRI	1.2 NAME	COZBY, DIMITRI
STREET ADDRESS	4112 THROCKMORTON	1.3 STREET ADDRESS	103 CAROLINA STREET
CITY - ST - ZIP	DALLAS TX 75219	1.4 CITY - ST - ZIP	SAN ANTONIO, TX 78210
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JOSEPH	2.2 NAME	
STREET ADDRESS	5014 LES CHATEAUX DR #130	2.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONJEVICH, MILOS	3.2 NAME	
STREET ADDRESS	9321 HEATHERDALE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75243	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milos Konjevich 1-17-97 214/522-1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)