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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 4222 WYCLIFF #130 DALLAS TX 75219 US	Mailing Address PO BOX 191109 DALLAS TX 75219 US
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3. Date Incorporated or Qualified 12/09/1981		
4. FEI Number 59-2679075	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business 4222 Wycliff	2a. Mailing Address PO BOX 191109 DALLAS TX 75219 US		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State Dallas TX	28. City & State		
24. Zip 75219	25. Country US	29. Zip	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	05 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	NAME ROYSTER, BISHOP DMITRI	1.1 TITLE PD	1.2 NAME Royster, Archbishop Dmitri
STREET ADDRESS 4112 THROCKMORTON	CITY-ST-ZIP DALLAS TX	1.3 STREET ADDRESS 4112 Throckmorton	1.4 CITY-ST-ZIP Dallas, Tx 75219
TITLE VSD	NAME NELSON, JOSEPH	2.1 TITLE SD	2.2 NAME Zebzun, Basil
STREET ADDRESS 5014 LES CHATEAUX DR #130	CITY-ST-ZIP DALLAS TX	2.3 STREET ADDRESS 6929 Winifred	2.4 CITY-ST-ZIP Ft. Worth, Tx 76133
TITLE TD	NAME KONJEVICH, MILOS	3.1 TITLE TD	3.2 NAME Konjarovich, Milos
STREET ADDRESS 93212 HEATHERDALE DR	CITY-ST-ZIP DALLAS TX	3.3 STREET ADDRESS 9321 Heatherdale Dr,	3.4 CITY-ST-ZIP Dallas, Tx, 75243
TITLE D	NAME COZBY, DMITRI	4.1 TITLE D	4.2 NAME Cozby, Dimitri
STREET ADDRESS 103 CAROLINA ST.	CITY-ST-ZIP SAN ANTONIO TX	4.3 STREET ADDRESS 103 Carolina St,	4.4 CITY-ST-ZIP San Antonio, Tx, 78210
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Fr. Basil Zebzun (Rev. Fr. Basil Zebzun) 4/21/98

CR2E037 (10/97)