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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"/>

2. Principal Place of Business 21 4222 Wycliff	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Dallas TX	City & State 28
Zip 24 75219	Country 25 US
Country 29	Zip 30

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

TITLE	PD ROYSTER, BISHOP DMITRI	<input type="checkbox"/> DELETE
STREET ADDRESS	4112 THROCKMORTON	
CITY - ST - ZIP	DALLAS TX	
TITLE	VSD NELSON, JOSEPH	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	5014 LES CHATEAUX DR #130	
CITY - ST - ZIP	DALLAS TX	
TITLE	TD KONJEVICH, MILOS	<input type="checkbox"/> DELETE
STREET ADDRESS	93212 HEATHERDALE DR	
CITY - ST - ZIP	DALLAS TX	
TITLE	D COZBY, DIMITRI	<input type="checkbox"/> DELETE
STREET ADDRESS	103 CAROLINA ST.	
CITY - ST - ZIP	SAN ANTONIO TX	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD Royster, Archbishop Dmitri	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4112 Throckmorton	
1.3 STREET ADDRESS	Dallas, Tx 75219	
1.4 CITY - ST - ZIP		
2.1 TITLE	SD Zebzun, Basil	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	6929 Winifred	
2.3 STREET ADDRESS	Ft. Worth, Tx 76133	
2.4 CITY - ST - ZIP		
3.1 TITLE	TD Konjevich, Milos	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	93212 Heatherdale Dr.	
3.3 STREET ADDRESS	Dallas, Tx. 75243	
3.4 CITY - ST - ZIP		
4.1 TITLE	D Cozby, Dimitri	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	103 Carolina St.	
4.3 STREET ADDRESS	San Antonio, Tx. 78210	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 (214) 522 4149

CR2E037 (10/97)