2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002691

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILE NOW: FEE IS \$61.25

******SEE NOTES*****

JOACHIM, METROPOLITAN

PAISIOS, METROPOLITAN

36-07 23RD AVENUE

ASTORIA NY 11105

36-04 23 AVENUE

36-04 23 AVENUE

DAS

ASTORIA NY 11105

VIKENTIOS, BISHOP

36-04 23 AVENUE

ASTORIA NY 11105

ASTORIA NY 11105

SACRED PATRIARCHAL AND STAVROPEGIAL ORTHODOX MON ASTERY OF ST. IRENE CHRYSOVALANTOU, INC.

Mailing Address Principal Place of Business 36-07 23RD AVENUE 38-07 23RD AVENUE ASTORIA NY 11105 ASTORIA NY 11105 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Country

City

Trust Fund Contribution.

☐ Delete

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11. TITLE

NAME

TITLE

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NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

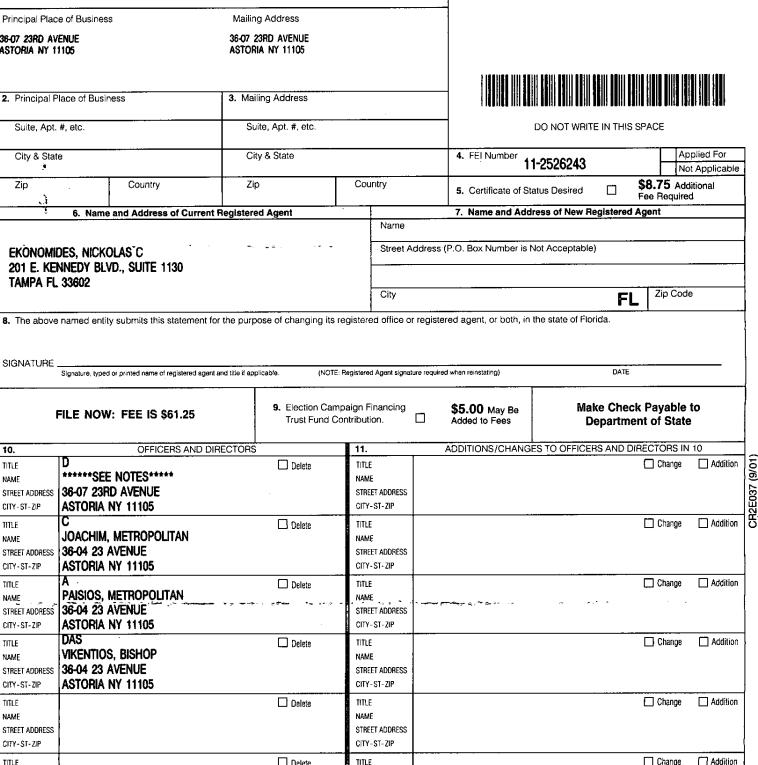
CITY-ST-ZIP

City & State

Zip

Mar 29, 2002 8:00 am **Secretary of State**

03-29-2002 91409 004 ****61.25



12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like em

SIGNATURE:

Suite, Apt. #, etc.

TAMPA FL 33602

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

EKONOMIDES, NICKOLAS C 201 E. KENNEDY BLVD., SUITE 1130

City & State

Zip