

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N0100008434**

1. Entity Name  
**HOLY THEOTOKOS OUTREACH MINISTRIES, Inc**

**DO NOT WRITE IN THIS SPACE**

**40862**

2. Principal Place of Business  
**103 W. Henry Av**  
Suite, Apt. #, etc.

3. Mailing Address  
**103 W. Henry Av.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**TAMPA FL**

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**TAMPA FL**

4. FEI Number  Applied For  
 Not Applicable

Zip **33604** Country **USA**

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **FR. MARA ROWE**  
Street Address (P.O. Box Number Not Acceptable)  
**103 W. HENRY AVE**  
City **TAMPA** FL Zip Code **33604**

8. 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  **FR. MARK ROWE, Pres.** **4/30/02**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FR. MARK ROWE 103 W. HENRY AVE. TAMPA FL 33604</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JAMES BYROM 21485 WINLOCK AVE. PORT CHARLOTTE, FL. 33952</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T HEATHOR ROWE 103 W. HENRY AVE TAMPA FL 33604</b>
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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 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 10 or on an attachment with an address, with all other, as empowered.

SIGNATURE:  **FR. MARK ROWE, Pres** **4/30/02** **(813) 237-0878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)