


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90002 003 \*\*\*\*61.25


|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # N04000000980</b><br>1. Entity Name<br><b>OUR LADY THEOTOKOS ORTHODOX CATHOLIC CHURCH, INC.</b>   |   |  |   |    |  |
| Principal Place of Business<br><b>1428 NORTH FEDERAL HIGHWAY<br/>HOLLYWOOD, FL 33020</b>   |   |  | Mailing Address<br><b>1804 VAN BRUEN STREET<br/>HOLLYWOOD, FL 33019</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                           |   |  |
| City & State   |   |  | City & State  |   |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br><b>20-0984111</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DANIELSON, STEVEN K<br/>3812 GRANT ST<br/>HOLLYWOOD, FL 33081</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Steven R. Danielson</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8569 Pines Blvd Suite 212</b><br>City <b>Pembroke Pines</b> FL Zip Code <b>33024</b> |  |
| 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <u><i>Steven R. Danielson</i></u> <span style="float: right;">7/10/06</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>PROVINO, DELL A<br/>1804 VAN BRUEN STREET<br/>HOLLYWOOD, FL 33019</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>SHANE, DORIS<br/>1804 VAN BRUEN STREET<br/>HOLLYWOOD, FL 33019</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>STUDENMUND, DARLENE<br/>1804 VAN BRUEN STREET<br/>HOLLYWOOD, FL 33019</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |   |  |
| SIGNATURE <u><i>[Signature]</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |   | Date <u>6/27/06</u> Daytime Phone # <u>954-920-8201</u>   |  |

**50025398**



07102006 Chg-NP CR2E037 (4/06)

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # N04000000980   |  |  |
| 1. Entity Name<br>OUR LADY THEOTOKOS ORTHODOX CATHOLIC CHURCH, INC. |  |   |

ATTACHMENT

50025398

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|--|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

07102006 Chg-NP CR2E037 (4/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-0984111 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent             |  | 7. Name and Address of New Registered Agent   |  |
| DANIELSON, STEVEN K<br>3812 GRANT ST<br>HOLLYWOOD, FL 33081 |  | Name Steven R Danielson<br>Street Address (P.O. Box Number is Not Acceptable)<br>8569 Pines Blvd Suite 212<br>City Pembroke Pines FL Zip Code 33024 |  |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven R Danielson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #