## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT—

## FILED

DN .	Aug 17, 2006 8:00 am Secretary of State
	· 08-17-2006 90002 003 ****61.25

DOCUMENT # N04000000980 OUR LADY THEOTOKOS ORTHODOX CATHOLIC CHURCH, INC. Principal Place of Business Mailing Address 50025398 1428 NORTH FEDERAL HIGHWAY 1804 VAN BRUEN STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07102006 Chg-NP CR2E037 (4/06) Applied For City & State City & State 4. FEI Number 20-0984111 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Steven R. Danielson DANIELSON, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 3812 GRANT ST HOLLYWOOD, FL 330815 8569 Pines Blud 212 Pembroke Pines 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. 7/10/06 (NOTE: Registered Agent signature regulred when reinstating) **\$5.00** May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete TITI F TITLE PROVINO, DELL A NAME NAME 1804 VAN BRUEN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE SHANE, DORIS NAME NAME STREET ADDRESS STREET ADDRESS 1804 VAN BRUEN STREET CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F STUDENMUND, DARLENE NAME NAME 1804.VAN BRUEN STREET SYREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP

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.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2000 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT					
DOCUK	MENT # N0400000						
OUR-LAD CHURCH	? THEOTOKOS ORTHOD!		ATTA	CHMENT			
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Principal Place of Business 1428 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020		Mailing Address 1804 VAN BRUEN STREE HOLLYWOOD, FL 33019		50025398			
-2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07102006 Chg-NP CR2E037 (4/06)			
City & State		City & State		4. FEI Number Applied For 20-0984111 Not Applicable			
. Zip	Country	Zíp	Country	5. Certificate of Sta		\$8.75 Additional Fee Required	_
	6. Name and Address of Current	Registered Agent	Nome a	7. Name and Address of New Registered Agent			
DANIELSO	N, STEVEN K	/	Name 5te		niels <u>m</u>		$\dashv$
~3812-GRAN		•	Street Address	(P.O. Box Number is N	lot Acceptable)		_}.
HOLLYVO	OD, FL 33081	,	8569	Pines Blud	Suite 21		
		·	City Perul	prolie Pines	FI	Zin Code 33024	
8. The above the obligati	named entity submits this statement from of registered agent.	or the purpose of changing its r			he State of Florida. Lan	n familiar with, and accep	
	O DN	<i>f</i> :					
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE		į
Di	Filing Fee is \$61.25 ue by September 6, 2006	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D		$\exists$
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NAME		Delete	TITLE NAME			<u> </u>	
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of the co	certify that the information supplied w I on this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that n powered to execute this report	ny signature shall nave tr as required by Chapter (				

Daytime Phone #