FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:07
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N20980 (1)

1. Corporation Name
THE CATHOLIC ORTHODOX CHURCH, INC.

Principal Place of Business	Mailing Address
%REV. FR. LOUIS BRYS 308 S. STATE ROAD 7 MARGATE FL 33068	%REV. FR. LOUIS BRYS 308 S. STATE ROAD 7 MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1987
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2838651 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1400 Coral Springs Dr.	26 1400 Coral Springs Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
Zip 24 33071 County 25	Zip 29 33071 County 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRYS, FR. LOUIS 308 S. STATE RD 7 MARGATE FL 33068	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 1400 Coral Springs Drive 83 84 City: Coral Springs FL 85 Zip Code: 33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ (Registered Agent signature required if changing) ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☑ Change ☐ Addition
NAME	BRYS, FR. LOUIS	12 NAME	
STREET ADDRESS	308 S. STATE RD 7	13 STREET ADDRESS	1400 Coral Springs Drive
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FORLANO, CATHERINE	22 NAME	
STREET ADDRESS	215 E. MAIN ST #12A	23 STREET ADDRESS	
CITY-ST-ZIP	EAST ISLIP NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	WILLIS, WILLIAM (DEACO	32 NAME	John Grandinetti
STREET ADDRESS	2905 NW 63RD AVE.	33 STREET ADDRESS	8919 NW 55 Place
CITY-ST-ZIP	MARGATE FL	34 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	VS	41 TITLE	☑ Change ☐ Addition
NAME	NOSCHESE, LINDA	42 NAME	
STREET ADDRESS	308 S. STATE RD. 7	43 STREET ADDRESS	1400 Coral Springs Dr.
CITY-ST-ZIP	MARGATE FL	44 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	SALVATORE, MONTALBANO	52 NAME	George Militello
STREET ADDRESS	7309 NW 57TH CT	53 STREET ADDRESS	1826 NW 88th Way
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		61 TITLE	D ☐ Change ☑ Addition
NAME		62 NAME	Anthony Castellucia
STREET ADDRESS		63 STREET ADDRESS	4034 Sierra Terrace
CITY-ST-ZIP		64 CITY-ST-ZIP	Sunrise, FL 33355

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Linda Noschese LINDA NOSCHESE 4/20/95 (305) 344-8343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040297

N 20980

Additional Director:

D
Michael Cochran
3744 N. University Drive
Coral Springs, FL 33065