

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90069 046 ****61.25

DOCUMENT # N20980

1. Corporation Name

THE CATHOLIC ORTHODOX CHURCH, INC.

Principal Place of Business

1711 N STATE RD 7
SUITE J
MARGATE FL 33063
US

Mailing Address

1711 N STATE RD 7
SUITE J
MARGATE FL 33063
US



2. Principal Place of Business

21 6322 N.W. 14TH COURT
Suite, Apt. #, etc.

2a. Mailing Address

26 6322 N.W. 14TH COURT
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/11/1987

4. FEI Number

59-2838651

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

City & State

23 MARGATE FL

City & State

28 MARGATE FL.

Zip

24 33063 25 U.S.A

Zip

29 33063 30 US

9. Name and Address of Current Registered Agent

BRYN, FR. LOUIS
1711 N STATE RD 7
STE J
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BRYN, FR. LOUIS
STREET ADDRESS 1711 N STATE RD 7 SUITE J
CITY-ST-ZIP MARGATE FL

TITLE D ☐ DELETE

NAME WILLIS, WILLIAM
STREET ADDRESS 16 TERRACE WEST WAY #85
CITY-ST-ZIP PLATTSBURGH NY

TITLE VPSD ☐ DELETE

NAME BRYN, CAROL H
STREET ADDRESS 6322 NW 14TH COURT
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ DELETE

NAME CASTELLUCIA, ANTHONY
STREET ADDRESS 4034 SIERRA TERRACE
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

CAROL H. BRYN VPSD. 3-20-99 954-971-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)