FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N24503**

1. Corporation Name

AMERICAN ORTHODOX CATHOLIC CHURCH, INCORPORATED

Principal Place of Business C/O RT. REV. THOMAS RAINES Mailing Address

3732 RAINES STREET PENSACOLA FL 32514

C/O RT. REV. THOMAS RAINES 3732 RAINES STREET PENSACOLA FL 32514

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90262 024 ****61.25



3. Date Incorporated or Qualifed

2. Principal P	Place of Business 2a. Mailing Address			Date Incorporated or Qualifed			
21		26			01/26/1988		
Suite, Apt.	, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Applied For	
22		27			59-2950694	Not Applicable	
City & State City & State						5. Certificate of Status Desired Fee Required	
Zip	Country	Zip	Countr	у	6. Election Campaign Financing \$5.0	0 May Be	
25 29 30			10			Trust Fund Contribution Added to Fees	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent		
			81	Name	· 		
RAINES, THOMAS				82 Street Address (P.O. Box Number is Not Acceptable)			
3732 RAINES STREET				Street Address (r S. Box Nambor is Not Acceptable)			
PENSACOLA FL 32514				3			
PENSACOLA PL 32314							
			84	City	FL 85 Z	ip Code	
11 Dureuant	to the provisions of Sections 617 05	02 and 617 1508. Florida Statutes	s the abov	/e-named	comporation submits this statement for the purpose of changing	its registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig-	e of Florida. Such change was au	tnorized by	/ tne corpo	oration's board of directors. I hereby accept the appointment as	registered	
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: F	Registered Age	ent signature r	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE	PD	☐ DELETE	1.1 TITLE		TD . // A/ L	ge Addition	
NAME	RAINES, THOMAS		1.2 NAME		Regina HATT	•	
STREET ADDRESS	3732 RAINES STREET	ET 15		T ADDRESS	51812 7 ROUT BATTON		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-5	ST-ZIP	Regina HALL 5,812 TROUT BAYOU MILTON FL 32583		
TITLE	SD	☐ DELETE	2.1 TITLE		Chan	ge 🔲 Addition	
NAME	RAINES, MARY REED		2.2 NAME				
STREET ADDRESS	ATOM DAINIES OTDEET			T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-7IP			
TITLE	VD	☐ DELETE	3.1 TITLE	<u> </u>	☐ Chan	ge 🔲 Addition	
NAME	RAINES, ANDREW		3.2 NAME				
	3732 RAINES ST			T ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP	TD	☐ DELETE	4.1 TITLE	Or LIF	Chan	ge Addition	
	RAINES, RAYMOND C.	_ 555576	4. 2 NAME			- ,	
NAME	ATOM DAILUED ATTECT			T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	PENSACOLA FL	DELETE	4.4 CITY-5	51-ZIP	Chan	ge Addition	
TITLE	HECTED EDWARD		5.1 IIILE 5.2 NAME			a- []	
NAME	HESTER, EDWARD			T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	HERMITAGE TN 37076	TOPI FT	5.4 CITY-5 6.1 TITLE	31-41	Chan	ge Addition	
TITLE	TD ·	DELETE	I		Chan	Ae □ ₩00/00/1	
NAME	COOPER, JOHN		6.2 NAME				
STREET ADDRESS	1		4	ET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32505		6.4 CITY-5	-			
14. I hereby (certify that the information supplied v	vith this filing does not qualify for	the exemp	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the	ne information	

indicated on this annual report or supplied will this limit does not quality for the exemption stated in Section 113.07(5)(f), include statutes, include the third cannot cannot all the indicated on this 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:

SIGNATURE REQUIRED

Daytima Phone #