

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24503

1. Entity Name

AMERICAN ORTHODOX CATHOLIC CHURCH, INCORPORATED

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90014 046 \*\*\*\*70.00

Principal Place of Business

Mailing Address

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

C/O RT. REV. THOMAS RAINES  
3732 RAINES STREET  
PENSACOLA FL 32514-6336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2950694

Applied For

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

RAINES, THOMAS  
3732 RAINES STREET  
PENSACOLA FL 32514

Name

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

City

FL

Zip Code

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.

SIGNATURE

*Thomas E Raines*

7-7-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete  
NAME HALL, REGINA  
STREET ADDRESS 51812 TROUT BAYOU  
CITY-ST-ZIP MILTON FL 32583

TITLE TD ☒ Change ☐ Addition  
NAME HALL, REGINA  
STREET ADDRESS 7737 BOYD ST  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE SD ☐ Delete  
NAME RAINES, MARY REED  
STREET ADDRESS 3732 RAINES STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME RAINES, ANDREW  
STREET ADDRESS 3732 RAINES ST  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME RAINES, RAYMOND C.  
STREET ADDRESS 3732 RAINES STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME HESTER, EDWARD  
STREET ADDRESS 3905 BONNA VISTA DR  
CITY-ST-ZIP HERMITAGE TN 37076

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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

*Thomas E Raines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00 (850) 478-1700

Date

Daytime Phone #

CR2E037 (9/99)