

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90005 014 ****61.25

DOCUMENT # N24503

1. Entity Name

AMERICAN ORTHODOX-CATHOLIC CHURCH, INCORPORATED

Principal Place of Business

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

Mailing Address

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

112481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2950694**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 NAME	TD HALL, REGINA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	51812 TROUT BAYOU	
CITY-ST-ZIP	MILTON FL 32583	
TITLE NAME	SD RAINES, MARY REED	<input type="checkbox"/> Delete
STREET ADDRESS	3732 RAINES STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	VD RAINES, ANDREW	<input type="checkbox"/> Delete
STREET ADDRESS	3732 RAINES ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	TD RAINES, RAYMOND C.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3732 RAINES STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	TD HESTER, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3905 BONNA VISTA DR	
CITY-ST-ZIP	HERMITAGE TN 37076	
TITLE NAME	TD Richard	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	TD HALL, R. M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7737 BOYD ST	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME	TD Cody, Christopher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2501 LARKING ST.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 R. Raine*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/01
 Date

(850) 428-1700
 Daytime Phone #