

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/22

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90076 030 \*\*\*\*61.25

**DOCUMENT # N37273**  
 1. Entity Name  
**ST. MARK'S ORTHODOX CHURCH, INC.**

Principal Place of Business <b>3415 9TH ST E BRADENTON FL 34208</b>	Mailing Address <b>3415 9TH ST E BRADENTON FL 34208-4513</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>65-0197896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FILPOVICH, JOHN**  
**3006 59TH ST CT W**  
**BRADENTON FL 34209**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> <b>STEELE, JOAN T</b> <b>2196-A CORINNE CT S</b> <b>ST PETERSBURG FL 33712</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>RIEMER, JOAN F</b> <b>6423 4TH AVE NE</b> <b>BRADENTON FL 34208</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>MEKULEN, KENNETH A</b> <b>1901 CANTERBURY LN APT 25-K</b> <b>SUN CITY CTR FL 33573</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>WARDEN</b> <b>GUENTHER TESCH DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5623 ASHTON WAY</b> <b>SARASOTA, FL. 34231</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER</b> <b>IRENE PECUSZOK DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6670 OAKBROOK CIR.</b> <b>BRADENTON, FL. 34202</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <b>NADYA KATSARELIS DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5511 - 9TH AVE. DR. W.</b> <b>BRADENTON, FL. 34209</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: P. S. C. SIGNATURE REQUIRED** **4-15-2000** **941-794-2443**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)