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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46269 (9)

1. Corporation Name
ONE HOLY CATHOLIC AND APOSTOLIC ORTHODOX CHURCH, CORP.



Principal Place of Business Mailing Address
~~XXXXXX~~ 340 Ne 18th Ave. ~~XXXXXX~~ 340 NE 18th Ave.
~~XXXXXX~~ Suite 2-103 ~~XXXXXX~~ Suite 2-103
Homestead, FL 33033-5050 Homestead, FL 33033-5050

2. Principal Place of Business 2a. Mailing Address
21 340 NE 19th Ave. 26 340 NE 18th Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 2-103 27 Suite 2-103
City & State City & State
23 Homestead, Florida 28 Homestead, Florida
Zip Country Zip Country
24 33033-5050 25 USA 29 33033-5050 30 USA

Date Incorporated or Qualified 12/03/1991 3a. Date of Last Report 01/22/1996
4. FEI Number 65-0301738 Applied For Not Applicable
5. Certificate of Status Desired ~~XX~~ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name SPYROU, CONSTANTINE A.
82 Street Address (P.O. Box Number is Not Acceptable) 340 NE 18th Ave. Suite 2-103
83
84 City Homestead, FL 85 Zip Code 33033-5050

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 617.03, Florida Statutes.
SIGNATURE *Archbishop Constantine (A. Spyrou)* + Archbishop Constantine (A. Spyrou) 01/25/1997
(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PMD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPYROU, CONSTANTINE ARCHBSH	1.2 NAME	SPYROU, Constantine ARCHBSHP
STREET ADDRESS	259 NE 23 ST.	1.3 STREET ADDRESS	340 NE 18th Ave. Suite 2-103
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	Homestead, FL 33033-5050
TITLE	TMD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VMD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLAHOPOULOS, STEFANOS REV	2.2 NAME	PEREZ, Abelardo HENAO ARCHBSHP
STREET ADDRESS	259 NE 23 ST.	2.3 STREET ADDRESS	Calle 1C No 25A42
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	Santafe de Bogota, Colombia, SA
TITLE	MD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUKAWYN, PETER	3.2 NAME	ZAPATA, Mario de Jesus VELASQUEZ BP
STREET ADDRESS	259 NE 23 ST.	3.3 STREET ADDRESS	Calle 66 No 48A-82
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	Medellin, Colombia, SA
TITLE	MD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TrD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOELKER, CHARLES D.	4.2 NAME	BARKER, Lowell (Mikhail) BP
STREET ADDRESS	259 NE 23ST	4.3 STREET ADDRESS	2950 N. Casper Place
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	Titusville, FL 32783
TITLE	MD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIKOLOUTSOS, KONSTANTINOS	5.2 NAME	FONSECA, Atanasio Guillermo GARCIA
STREET ADDRESS	259 NE 23 ST	5.3 STREET ADDRESS	Calle 1C No 25A42
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	Santafe de Bogota, Colombia, SA
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.03(1)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my name has 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 Section 617.03, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Archbishop Constantine (A. Spyrou)* + ARCHBISHOP CONSTANTINE (A. SPYROU) 01/25/1997 305 248-6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029224

CR2E037 (9/96)

