

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46269** (9)

1. Corporation Name

**ONE HOLY CATHOLIC AND APOSTOLIC ORTHODOX CHURCH,  
CORP.**

Principal Place of Business

Mailing Address

**340 NE 18TH AVE.  
STE 2-103  
HOMESTEAD FL 33033-050  
US**

**340 NE 18TH AVE.  
STE 2-103  
HOMESTEAD FL 33033-050  
US**

3. Date Incorporated or Qualified

**12/03/1991**

4. FEI Number

**65-0301738**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 SAME AS ABOVE**

**26 SAME AS ABOVE**

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPYROU, CONSTANTINE A.  
340 NE 18TH AVE., STE 2-103  
HOMESTEAD FL 33033-5050**

81 Name

**NO CHANGE**

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

83

84 City

**FL**

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PMD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPYROU, CONSTANTINE ARCHBSH</b>	
STREET ADDRESS	<b>340 NE 18TH AVE., STE 2-103</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 50</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>VMD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEREZ, ABELARDO HENAO</b>	
STREET ADDRESS	<b>CALLE 1C NO 25A42</b>	
CITY-ST-ZIP	<b>SANTA FE DE BOGOTA CO</b>	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VMD</b>
2.3 STREET ADDRESS	<b>ZAPATA, MARIO DE JESUS</b>
2.4 CITY-ST-ZIP	<b>CALLE 66 NE 48A-82</b>

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZAPATA, MARIO DE JESUS</b>	
STREET ADDRESS	<b>CALLE 66 NO 48A-82</b>	
CITY-ST-ZIP	<b>MEDELLIN CO</b>	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>MEGOWAN, KYRIL</b>
3.4 CITY-ST-ZIP	<b>1317 S. 11th St.</b>

TITLE	<b>TRD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARKER, LOWELL (MIKHAI)</b>	
STREET ADDRESS	<b>2950 N. CASPER PLACE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FONSECA, ATANASIO GUILL</b>	
STREET ADDRESS	<b>CALLE 1C NO 25A42</b>	
CITY-ST-ZIP	<b>SANTAFE DE BOGOTA CO</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental 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.

SIGNATURE: *Archbishop Constantine A. Spyrou* 3/12/98 305-248-6516

CR2E037 (10/97)