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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

(9)

ONE HOLY CATHOLIC AND APOSTOLIC ORTHODOX CHURCH,

FILED Mar 18 1998 8:00am Secretary of State

CORP.							
Principal Place of Business		Mailing Addre	ss		•	r idarijat dis diden disir sirsa asina idis albi	it where where a rest bro ss along 1861
340 NE 19TH A STE 2-103 HOMESTEAD FI US		340 NE 18TH A' STE 2·103 HOMESTEAD FL US				3. Date Incorporated or Qualified 12/03/1991 4. FEI Number	Applied For
2. Principal P	Place of Business	2a. Mailing Ad	dress			65-0301738	Not Applicable
21 SAM	E AS ABOVE	26 SAN	<u>ie as</u>	AB	OVE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt.	#, etc.			6. Election Campaign Financing	\$5.00 May Be
City & Stat	10	27 City & State				Trust Fund Contribution	Added to Fees
23		28	o .			7. Is this nonprofit corporation a homeow	
Zip	Country	Zip		Country		8. This corporation owes or has paid the	
24	25	29	3	ю		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	rent Registered Ageni				10. Name and Address of New Register	
				81	Name	NO CHANGE	
	J, CONSTANTINE A.			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	18TH AVE., STE 2-103						
HOMES	TEAD FL 33033-5050			83			
				84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617,1508, Flo	rida Statutes	the above	-named c		
- 40				ALL AND A PROPERTY.		tration's board of discourse I beauty, second the	appointment as registered
Boent La	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such cha ligations of Section 61	ange was aut 7 0503, Florid	inorized by da Statutes	the corpo	tration's board of directors. Thereby accept the	
l .	registered agent, or both, in the sta am familiar with, and accept the obl	ate of Florida. Such cha ligations of, Section 61	ange was aut 7.0503, Florid	da Statutes	the corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	
SIGNATURE	registered agont, or both, in the Sta am familiar with, and accept the obl Standure, typed or printed name of registered a					equired when reinstating) DAT	
l .	Signature, typed or printed name of registered a	agent and title if applicable	(NOTE: F				E
SIGNATURE	Signature, typed or printed name of registered of OFFICERS A	agent and title if applicable		Rogistered Age		equired when reinstating) DAT	E
SIGNATURE	Signature, typed or printed name of registered of OFFICERS A PMD SPYROU, CONSTANTINTE A	agent and title if applicable AND DIRECTORS ARCHBSH	(NOTE: F	Registered Age		equired when reinstating) DAT	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed harne of registered a OFFICERS A PMD SPYROU, CONSTANTINTE A 340 NE 18TH AVE., STE 2-1	agent and title if applicable AND DIRECTORS ARCHBSH	(NOTE: F	Rogistered Age 13.	nt signature re	equired when reinstating) DAT	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed harne of registered a OFFICERS A PMD SPYROU, CONSTANTINTE A 340 NE 18TH AVE., STE 2-1 HOMESTEAD FL 50	ARCHBSH 103	(NOTE: F	Hogistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signature re	equired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
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CMY-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.