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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46269

1. Corporation Name

ONE HOLY CATHOLIC AND APOSTOLIC ORTHODOX CHURCH,
CORP.

Principal Place of Business

340 NE 19TH AVE.
STE 2-103
HOMESTEAD FL 33033-050
US

Mailing Address

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

413956-90095-35



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/03/1991

4. FEI Number

65-0301738

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PMD
SPYROU, CONSTANTINE ARCHBSH
340 NE 18TH AVE., STE 2-103
HOMESTEAD FL 50

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VMD
ZAPATA, MARIO D
CALLE 66 NO 48 A-82
MEDELLIN CO

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
MCGOWAN, KYRIL
1317 S 11TH ST
LINCOLN NE 68542

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TRD
BARKER, LOWELL (MIKHAI)
2950 N. CASPER PLACE
TITUSVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VMD
MCGOWAN KYRIL
1317 S 11TH ST
LINCOLN, NE 68542

SD.
JESUS MARIA VERA MONSALVE
BARIO GRAN COLOMBIA, VILLA ROSARIO
NORTE DE SANTANDER, COLOMBIA

TRD
AMPARO M, DETATIS
340 NE 18TH AVE, STE 2-103
HOMESTEAD, FL 33033, U.S.A.

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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, with all other like empowered.

SIGNATURE: + [Signature] 4/22/99 305-248-6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037_ (11/98)