

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90015 015 ****70.00

DOCUMENT # N46269

1. Entity Name

ONE HOLY CATHOLIC AND APOSTOLIC ORTHODOX CHURCH,

Principal Place of Business

Mailing Address

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

340 NE 18TH AVE.
 STE 2-103
 HOMESTEAD FL 33033-5050
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0301738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Archbishop Constantine (A. Spyrou)

4/13/2000

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PMD	<input type="checkbox"/> Delete
NAME	SPYROU, CONSTANTINE ARCHBISHOP	
STREET ADDRESS	340 NE 18TH AVE., STE 2-103	
CITY-ST-ZIP	HOMESTEAD FL 50	
TITLE	VMD	<input type="checkbox"/> Delete
NAME	MCGOWAN, KYRIL	
STREET ADDRESS	1317 S. 11 ST	
CITY-ST-ZIP	LINCOLN NE 68542	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONSALVE, JESUS M	
STREET ADDRESS	BARIO GRAN COLOMBIA, VILLA ROSARIO	
CITY-ST-ZIP	NORTE DE SANTANDER CO	
TITLE	TRD	<input checked="" type="checkbox"/> Delete
NAME	DETATIS, AMPARO M	
STREET ADDRESS	340 NE 18 AVE STE 2-103	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONSECA, MARIZILDA	
STREET ADDRESS	7941 S.W. 146th Ave.	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	CHANCELLOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNABAS CHARLES LEE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHNCL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHANCELOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAY, BARNABAS CHARLES LEE	
STREET ADDRESS	14902 N. FLORIDA AVE STE "E"	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Archbishop Constantine (A. Spyrou)

Date

4/13/2000
 305-490-3890
 786-243-1057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/99)