

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000032 (2)

1. Corporation Name

**THE ONE HOLY CATHOLIC APOSTOLIC ORTHODOX CHURCH
OF THE AMERICAS, INC.**

Principal Place of Business

Mailing Address

~~11900 NE 227 PL~~
ORANGE SPRINGS FL 32182
US

P O BOX 609
~~CITRA FL 32113~~
US
ORANGE SPRINGS
32182



2. Principal Place of Business

2a. Mailing Address

21 **11900 NE 227 PL**

26 **PO Box 609**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **ORANGE SPRINGS, FL**

28 **ORANGE SPRINGS, FL**

Zip

Country

Zip

Country

24 **32182**

25 **Marion**

29 **32182**

30 **Marion**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/05/1994

3a. Date of Last Report
06/05/1995

4. FEI Number
NOT APPLICABLE

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

YOUNG, ROBERT M
7605 NE 192ND PLACE
CITRA FL 32113

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D KEHOE, JOSEPH**
STREET ADDRESS **7605 NE 192ND PLACE**
CITY-STATE-ZIP **CITRA FL 32113**

TITLE ☐ DELETE
NAME **D REYNOLDS, CHARLES J**
STREET ADDRESS **7605 NE 192ND PLACE**
CITY-STATE-ZIP **CITRA FL 32113**

TITLE ☐ DELETE
NAME **T ROGER, DEE**
STREET ADDRESS **22517 HGW 3154**
CITY-STATE-ZIP **ORANGE SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joseph Kehoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Father Joseph Kehoe 03/04/96 904 5957298
Date Daytime Phone #

CR2E037 (12/95)