2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600006159

1. Entity Name

SAINT DEMETRIUS ORTHODOX CHURCH, DIOCESE OF THE

Principal Place of Business

140 PRICE STREET

Mailing Address

140 PRICE STREET NAPLES FL 34113

ST-ZIP

140 PRICE STREET NAPLES FL 34113-8435

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0712997 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME HAMMETT, IAN REV. NAME STREET ADDRESS STREET ADDRESS 140 PRICE STREET CITY-ST-ZIP C... ST-ZIP NAPLES FL 34113 SD ☐ Delete Change Addition HILLE DUNLAP, JOHN JR. STREET ADDRESS 140 PRICE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 TD ☐ Delete TITLE ☐ Change ☐ Addition HILE MCFATTER, GLEB Taker Annecs STREET ADDRESS 140 PRICE STREET ST ZIP CITY-ST-ZIP NAPLES FL 34113 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS .mm i anneres CITY-ST-ZIP ST 7IP ☐ Change ☐ Addition TITI F ☐ Delete NAME .:. :: ANDRESS STREET ADDRESS CITY-ST-ZIP ST 7IP ☐ Change Addition ☐ Delete TITLE NAME, STREET ADDRESS

CITY-ST-ZIP

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 supply hental 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 receive for 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

May 11, 2000 8:00 am Secretary of State

05-11-2000 90292 007 ****61.25