

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000006159**

1. Entity Name

**SAINT DEMETRIUS ORTHODOX CHURCH, DIOCESE OF  
THE SOUTH-ORTHODOX CHURCH IN AMERICA, INC.**



Principal Place of Business

**140 PRICE STREET  
NAPLES, FL 34113**

Mailing Address

**140 PRICE STREET  
NAPLES, FL 34113**

**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**65-0712997**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCFATTER, GLEE M PA  
3150 SAFE HARBOR DRIVE  
NAPLES, FL 34117**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAMMETT, IAN REV.
STREET ADDRESS	140 PRICE STREET
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	SD
NAME	DUNLAP, JOHN JR.
STREET ADDRESS	140 PRICE STREET
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	TD
NAME	MCFATTER, GLEB
STREET ADDRESS	140 PRICE STREET
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000358446  
05/04/05-80115-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

**GLEB MCFATTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/05 (239) 248-9638**  
Date Daytime Phone #