


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90002 001 ****61.25

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| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0712997 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCFATTER, GLEE M PA 3150 SAFE HARBOR DRIVE NAPLES, FL 34117 | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD NAME HAMMETT, IAN REV. STREET ADDRESS 140 PRICE STREET CITY-ST-ZIP NAPLES, FL 34113 | <input checked="" type="checkbox"/> Delete | | TITLE PD NAME REV. GLEB MCFATTER STREET ADDRESS 140 PRICE ST. CITY-ST-ZIP NAPLES, FL 34113 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE SD NAME DUNLAP, JOHN JR. STREET ADDRESS 140 PRICE STREET CITY-ST-ZIP NAPLES, FL 34113 | <input type="checkbox"/> Delete | | TITLE TD NAME JOHN DUNLAP JR. STREET ADDRESS 140 PRICE ST. CITY-ST-ZIP NAPLES, FL 34113 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME MCFATTER, GLEB STREET ADDRESS 140 PRICE STREET CITY-ST-ZIP NAPLES, FL 34113 | <input checked="" type="checkbox"/> Delete | | TITLE SD NAME JUDITH GIANDELONE STREET ADDRESS 140 PRICE ST. CITY-ST-ZIP NAPLES, FL 34113 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE D NAME GEORGE HAYDEN STREET ADDRESS 140 PRICE ST. CITY-ST-ZIP NAPLES, FL 34113 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE D NAME WILLIAM ZUCK STREET ADDRESS 140 PRICE ST. CITY-ST-ZIP NAPLES, FL 34113 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE D NAME ROBERT ZAPORA STREET ADDRESS 140 PRICE ST. CITY-ST-ZIP NAPLES, FL 34113 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rev. Gleb MCFATTER</i> | | | 7/15/06 (239) 248-9638 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |