2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # N9600006159 1. Entity Name SAINT DEMETRIUS ORTHODOX CHURCH, DIOCESE OF THE SOUTH-ORTHODOX CHURCH IN AMERICA, INC.							05-05-2008 90235 037 ****61.25					
140 PRICE STREET			Mailing Address 140 PRICE STREET NAPLES, FL 34113					1 (AM) O(A)	FOLIT FOLIT BOT	IFI RUMA RUM	T GIFT HER ONE	Rijjet el jar:
2. Principal P	Place of Business - No P.O. Box	# 3. Mail	3. Mailing Address									
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			_	04202008	Chg-N	NP	CR2E	E037 (12/06)	•
City & State		Cit	City & State			:	4. FEI Numb 65-071	er 2997			⊢	pplied For ot Applicable
Zip Country		Zip	Zip Co		ıntry	5. Certificate of Status Desire			Desired		\$8.75 Ad Fee Require	
	6. Name and Address of C	urrent Registere	d Agent			_	7. Name and	Address	of New R	Registere	d Agent	
	R, GLEE M PA	•			Name					_		
3150 SAFE HARBOR DRIVE NAPLES, FL 34117					Street Ac	ddress (P	.O. Box Numb	er is Not A	Acceptable	e)		
:*					City			 -			Zip Coo	ie
The above named entity submits this statement for the purpose of changing its regis					<u> </u>					F	'L	
SIGNATURE	ions of registered agent.											
	Signature, typed or printed name of register	ed agent and title if app	licable. (NOT	E: Registere	d Agent signatu	re required v	when reinstating)			DATE	E	
· · ·	Filling Fee is \$61.25 Due by May 1, 2008	ed agent and little if app	9. Election Car Trust Fund (npaign F	inancing		\$5.00 May E Added to Fees	Ве		lake che	eck payable to eartment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS A	ed agent and title if app	9. Election Car	npaign F	inancing		\$5.00 May E Added to Fees		Flor	lake che ida Dep	eck payable t	itate
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12. I hereby certify that the information supplied with this filling 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:

Deun G65 M McFatter

30/08 239-248-9638