

FILE NOW: FILING FEE IS \$61.25

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**Apr 07 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000893
1. Corporation Name
THE THREE HIERARCHS ORTHODOX SCHOOL, INC.

Principal Place of Business 700 SHAMROCK BLVD VENICE, FL 34293	Mailing Address 700 SHAMROCK BLVD VENICE, FL 34293
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3. Date Incorporated or Qualified 12/11/1997	Applied For Not Applicable
4. FEI Number 65-0812959	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PRETSCHNER, ROBERT M
1800 SECOND ST, STE. 960
SARASOTA, FL 34236**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME MOT, CATALIN	
STREET ADDRESS 1629 SHAMROCK BLVD	
CITY-ST-ZIP VENICE, FL 34293	
TITLE D	<input type="checkbox"/> DELETE
NAME NIMEY MELODY	
STREET ADDRESS 3805 MALEC CIRCLE	
CITY-ST-ZIP SARASOTA FL 34293	
TITLE DT	<input type="checkbox"/> DELETE
NAME NIMEY RAYMOND	
STREET ADDRESS 3805 MALEC CIRCLE	
CITY-ST-ZIP SARASOTA, FL 34293	
TITLE DS	<input type="checkbox"/> DELETE
NAME SCHEIBNER, HILDEGARD	
STREET ADDRESS 2655 NASHAU ST	
CITY-ST-ZIP SARASOTA FL 34231	
TITLE D	<input type="checkbox"/> DELETE
NAME CHOUEIRI, RENE	
STREET ADDRESS 533 BRIARWOOD ROAD	
CITY-ST-ZIP VENICE, FL 34293	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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14. 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 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:  **RENE CHOUEIRI** **3/18/98** **(941) 497-6606**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (10/97)