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Feb 24, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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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2. Principal Place of Business 21	2a. Mailing Address 26 <b>P.O. BOX 552</b>	3. Date Incorporated or Qualified <b>12/11/1997</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0812959</b>
City & State 23	City & State 28 <b>VENICE, FLORIDA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Zip 29 <b>34284-0552</b>	Country 30 <b>SARASOTA</b>

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 **FL** 85 Zip Code

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	DP	<input type="checkbox"/> DELETE
NAME	MOT, CATALIN	
STREET ADDRESS	1629 SHAMROCK BLVD.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NIMEY, MELODY	
STREET ADDRESS	3805 MALEC CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NIMEY, RAYMOND	
STREET ADDRESS	3805 MALEC CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCHEIBNER, HILDEGARD	
STREET ADDRESS	2655 NASSAU ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOUERI, 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D NIMEY, RAYMOND</b>
3.3 STREET ADDRESS	<b>3805 MALEC CIRCLE</b>
3.4 CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DT CHOUERI, RENE</b>
5.3 STREET ADDRESS	<b>533 BRIARWOOD ROAD</b>
5.4 CITY-ST-ZIP	<b>VENICE, FL 34293</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *René Choueiri* **UFRENE CHOUERI** DIRECTOR/TREASURER (941) 497-6606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)