

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90008 027 ****70.00

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1. Corporation Name

THE ORTHODOX CHURCH OF THE WEST, USA, IN FLORIDA
, INCORPORATED.

Principal Place of Business

ASCENSION PRIORY
407 COLUMBIA DRIVE
TAMPA FL 33606-3720

Mailing Address

ASCENSION PRIORY
407 COLUMBIA DRIVE
TAMPA FL 33606-3720



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/18/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3543073

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOHLFELD, MARTIN REV.
ASCENSION PRIORY
407 COLUMBIA DRIVE
TAMPA FL 33606-3720

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE (The Rev.) Martin
NAME (Hohlfeld), P/S-T/D
STREET ADDRESS Ascension Priory
CITY-ST-ZIP 407 Columbia Dr, Tampa, FL 33606

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE (The Most Rev.) Gabriel
NAME (Loynes), Dormition Monastery
STREET ADDRESS 14775 US 12, Brooklyn, MI
CITY-ST-ZIP 49230

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE The Rev. Anthony J. Bondi, [D]
NAME S. Ambrose of Milan Church
STREET ADDRESS 46 Gallows Hill Rd.
CITY-ST-ZIP 10567

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Cortlandt Manor, ND
NAME
STREET ADDRESS
CITY-ST-ZIP 10567

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/98
813-251-4485
(The Rev.) Martin (Hohlfeld)

Date

Daytime Phone #

CR2E037 (11/98)