

FILE NOW: FILING FEE IS \$61.25

FILED

**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

4. FEI Number
65-0812959

Applied For	
Not Applicable	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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	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	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	SCHIEBNER, HILDEGARD	
STREET ADDRESS	2655 NASH RD	
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**

Date: _____ Daytime Phone #: _____

CR2E037 (10/97)