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Secretary of State

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

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	D NIMEY, RAYMOND
3.3 STREET ADDRESS	3805 MALEC CIRCLE
3.4 CITY-ST-ZIP	SARASOTA, FL 34233
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	DT CHOUERI, RENE
5.3 STREET ADDRESS	533 BRIARWOOD ROAD
5.4 CITY-ST-ZIP	VENICE, FL 34293
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@HCHOUERI** DIRECTOR/TREASURER (941) 497-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)