


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000008184**  
 1. Entity Name  
**OREST AND LIDIA BILOUS FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**473 SOUTHCREEK DR**      **473 SOUTHCREEK DR**  
**OSPREY, FL 34229**      **OSPREY, FL 34229**

**DO NOT WRITE IN THIS SPACE**



01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number      Applied For  
**65-1062193**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BETTERTON, GREG A**  
**981 RIDGEWOOD AVE, STE 101**  
**VENICE, FL 34292**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BETTERON, GREG A
STREET ADDRESS	981 RIDGEWOOD AVE, STE 101
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	BILOUS, OREST
STREET ADDRESS	473 SOUTHCREEK DR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	BILOUS, LIDIA M
STREET ADDRESS	473 SOUTHCREEK DR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	BILOUS, MICHAEL W
STREET ADDRESS	15 KARLSTADT RD
CITY-ST-ZIP	WINDHAM, NY 12496
TITLE	D
NAME	BILOUS-OLEXY, ORESTA
STREET ADDRESS	10 ASMARA WAY
CITY-ST-ZIP	EASTON, CT 06612
TITLE	D
NAME	OLEXY, ANDRE
STREET ADDRESS	10 ASMARA WAY
CITY-ST-ZIP	EASTON, CT 06612

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U00000384310  
 01/17/06-80006-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Orest Bilous* **OREST BILOUS**      1/10/06      941-918-9594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #