

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N00000008184

Entity Name: OREST AND LIDIA BILOUS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

473 SOUTHCREEK DR
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

473 SOUTHCREEK DR
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-1062193 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BETTERTON, GREG A
981 RIDGEWOOD AVE, STE 101
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BETTERON, GREG A
Address: 981 RIDGEWOOD AVE, STE 101
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: BILOUS, OREST
Address: 473 SOUTHCREEK DR
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: BILOUS, LIDIA M
Address: 473 SOUTHCREEK DR
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: BILOUS, MICHAEL W
Address: 15 KARLSTADT RD
City-St-Zip: WINDHAM, NY 12496

Title: D () Delete
Name: BILOUS -OLEXY, ORESTA
Address: 10 ASMARA WAY
City-St-Zip: EASTON, CT 06612

Title: D () Delete
Name: OLEXY, ANDRE
Address: 10 ASMARA WAY
City-St-Zip: EASTON, CT 06612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OREST BILOUS

D

01/08/2008

Electronic Signature of Signing Officer or Director

Date