

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
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  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
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

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date