2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009421

FILED Jan 03, 2007 Secretary of State

Entity Name: ST. PHILIP THE APOSTLE ORTHODOX CHURCH, INC.

New Principal Place of Business: Current Principal Place of Business: 9100 EL PORTAL DR. TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** 3025 GEIGER CT. CLEARWATER, FL 33761 FEI Number: 35-2260735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELL, DEBRA J ESQ 200 MIRROR LAKE DR. ST. PETERSBURG, FL 33701 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CIARCIAGLINO, FR. JOSEPH M Name: Name: Address: 3025 GEIGER CT. Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FINZER, NICHOLAS Name: Address: 5860 CEDAR ST. NE Address: City-St-Zip: ST. PETERSBURG, FL 33703 City-St-Zip: Title: () Delete Title: (X) Change () Addition FINZER, SUE Name: FINZER, SUE Name: 5860 CEDAR ST. NE Address: Address: 5860 CEDAR ST. NE City-St-Zip: ST. PETERSBURG, FL 33703 City-St-Zip: ST. PETERSBURG, FL 33703 Title: () Delete Title: (X) Change () Addition Name: TULLY, KEVIN P Name: KUNZ, KARLENE 604 W. NORTH BAY ST. 3806 SUNNYBANK DR. Address: Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: BRANDON, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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: FR. JOSEPH CIARCIAGLINO PRES 01/03/2007