

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011044

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** HOLY PROTECTION OF THE THEOTOKOS ORTHODOX MISSION ,INC.

**Current Principal Place of Business:**

2328 HALEY CT  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2328 HALEY CT  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 51-0609891      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RIOS, CARLOS A  
2328 HALEY CT  
KISSIMMEE, FL 34741      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: P  
Name: RIOS, CARLOS A REV.FR  
Address: 2328 HALEY CT  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP  
Name: RIOS, DIANA  
Address: 2328 HALEY CT  
City-St-Zip: KISSIMMEE, FL 34741

Title: TREA  
Name: RIOS, CARLOS A REV.FR.  
Address: 2328 HALEY CT  
City-St-Zip: KISSIMMEE, FL 34741

Title: SECR  
Name: RIOS, DIANA  
Address: 2328 HALEY CT  
City-St-Zip: KISSIMMEE, FL 34741

Title: MEMB  
Name: RIOS, LOYDA E  
Address: 2328 HALEY CT  
City-St-Zip: KISSIMMEE, FL 34741

Title: MEMB  
Name: TURNER, YAHAIRA R  
Address: 2328 HALEY CT  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: CARLOS A. RIOS

P

04/10/2012

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

\_\_\_\_\_  
Date