

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N09433 (6)**
1. Corporation Name
ST. MICHAEL EVANGELICAL ORTHODOX CHURCH, INC.

Principal Place of Business

C/O REV. DR. ROBERT BOUCLAS
4414 WASHINGTON ROAD
WEST PALM BEACH FL 33405

Mailing Address

C/O REV. DR. ROBERT BOUCLAS
4414 WASHINGTON ROAD
WEST PALM BEACH FL 33405-27483. Date Incorporated or Qualified
05/23/19853a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOUCLAS, REV. DR. ROBERT
4414 WASHINGTON ROAD
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BOUCLAS, REV. DR. ROBERT**
STREET ADDRESS **4414 WASHINGTON RD.**
CITY - ST - ZIP **W. PALM BEACH FL**TITLE **VD** ☐ DELETE
NAME **TOBIN, REV. ANNE MARY**
STREET ADDRESS **4414 WASHINGTON RD.**
CITY - ST - ZIP **W. PALM BEACH FL**TITLE **VD** ☐ DELETE
NAME **BOUCLAS, SAM**
STREET ADDRESS **5942 CAYMAN CIRCLE W.**
CITY - ST - ZIP **W. PALM BEACH FL**TITLE **STD** ☐ DELETE
NAME **BOUCLAS, LOIS**
STREET ADDRESS **4414 WASHINGTON RD.**
CITY - ST - ZIP **W. PALM BEACH FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Rev. Dr. Robert Bouclas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040222

CR2E037 (9/96)