

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N09433** (6)  
1. Corporation Name  
**ST. MICHAEL EVANGELICAL ORTHODOX CHURCH, INC.**

Principal Place of Business <b>C/O REV. DR. ROBERT BOUCLAS 4414 WASHINGTON ROAD WEST PALM BEACH FL 33405</b>	Mailing Address <b>C/O REV. DR. ROBERT BOUCLAS 4414 WASHINGTON ROAD WEST PALM BEACH FL 33405</b>
---	---

3. Date Incorporated or Qualified

**05/23/1985**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 ☐ DELETE

TITLE	<b>PD</b>
NAME	<b>BOUCLAS, REV. DR. ROBERT</b>
STREET ADDRESS	<b>4414 WASHINGTON RD.</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>

TITLE	<b>VD</b>
NAME	<b>TOBIN, REV. ANNE MARY</b>
STREET ADDRESS	<b>4414 WASHINGTON RD.</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>

TITLE	<b>VD</b>
NAME	<b>BOUCLAS, SAM</b>
STREET ADDRESS	<b>5942 CAYMAN CIRCLE W.</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>

TITLE	<b>STD</b>
NAME	<b>BOUCLAS, LOIS</b>
STREET ADDRESS	<b>4414 WASHINGTON RD.</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE	<b>VD</b>
1.2 NAME	<b>Rev. Fr. A.L. Mayers</b>
1.3 STREET ADDRESS	<b>11566 Winchester Dr.</b>
1.4 CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33410</b>

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE: *Rev. Dr. Robert Bouchlas* *2/8/98* *(561) 832-5663*

CR2E037 (10/97)