2002 ANNUAL REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90044 013 ****61.25

DOCUMENT # N09433

1. Entity Name

ST. MICHAEL EVANGELICAL ORTHODOX CHURCH, INC. ✓

Principal Place of Business	Mailing Address
C/O REV. DR. ROBERT BOUCHLAS 4414 WASHINGTON ROAD WEST PALM BEACH FL 33405	C/O REV. DR. ROBERT BOUCHLAS 4414 WASHINGTON ROAD WEST PALM BEACH FL 33405

X LL7480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOUCHLAS, REV. DR. ROBERT 4414 WASHINGTON ROAD WEST PALM BEACH FL 33405	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOUCHLAS,REV.DR.ROBERT 4414 WASHINGTON RD. W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TOBIN, REV.ANNE MARY 4414 WASHINGTON RD. W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Vesey, Rev. Anne Mary 4414 Washington Rd W. Palm Beach, FL.	☒ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOUCHLAS, SAM 5942 CAYMAN CIRCLE W. W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOUCHLAS, LOIS 4414 WASHINGTON RD. W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAEYENS, FR. AL. REV 11566 WINCHESTER DR PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi

12. I 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rev. Dr. Robert Bouchlas JAN 9, 2002 (561) 832-5863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #