


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N09433</b><br>1. Entity Name<br><b>ST. MICHAEL EVANGELICAL ORTHODOX CHURCH, INC.</b> |  |
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| Principal Place of Business<br><b>C/O REV. DR. ROBERT BOUCLAS<br/>4414 WASHINGTON ROAD<br/>WEST PALM BEACH, FL 33405</b> | Mailing Address<br><b>C/O REV. DR. ROBERT BOUCLAS<br/>4414 WASHINGTON ROAD<br/>WEST PALM BEACH, FL 33405</b> |
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**DO NOT WRITE IN THIS SPACE**



03202004 No Chg-NP CR2E037 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>BOUCLAS, REV. DR. ROBERT<br/>4414 WASHINGTON ROAD<br/>WEST PALM BEACH, FL 33405</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 1000000097322<br>03/26/04-90033-024 61.25 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BOUCLAS, REV. DR. ROBERT<br>4414 WASHINGTON RD.<br>W. PALM BEACH, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>VESEY, REV. ANNE MARY<br>4414 WASHINGTON RD.<br>WEST PALM BEACH, FL 33405   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BOUCLAS, SAM<br>5942 CAYMAN CIRCLE W.<br>W. PALM BEACH, FL                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BOUCLAS, LOIS<br>4414 WASHINGTON RD.<br>W. PALM BEACH, FL                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MAEYENS, FR. AL. REV<br>11566 WINCHESTER DR<br>PALM BEACH GARDENS, FL 33410 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with or without title empowered.

**SIGNATURE:**  **Rev. Dr. Robert Bouclas** 3/19/04 (561) 8325663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #