

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N09433 1. Entity Name ST. MICHAEL EVANGELICAL ORTHODOX CHURCH, INC.	
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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
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01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOUCLAS, REV. DR. ROBERT 4414 WASHINGTON ROAD WEST PALM BEACH, FL 33405
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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.

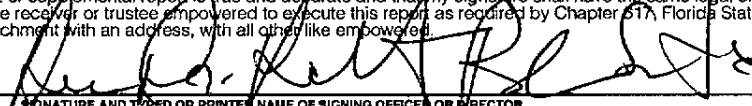
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUCLAS, REV. DR. ROBERT 4414 WASHINGTON RD. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VESEY, REV. ANNE MARY 4414 WASHINGTON RD. WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOUCLAS, SAM 5942 CAYMAN CIRCLE W. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOUCLAS, LOIS 4414 WASHINGTON RD. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAEYENS, FR. AL. REV 11566 WINCHESTER DR PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

166060197874 01/27/05-80030-010 61.25 DO NOT WRITE 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)(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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #