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.

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

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01102005 No Chg-NP CR2E037 (10/03)

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

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

[illegible]
[illegible] 61.25

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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 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 #