2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N09433

Entity Name: ST. MICHAEL EVANGELICAL ORTHODOX CHURCH, INC.

Current Principal Place of Business:

C/O REV. DR. ROBERT BOUCHLAS
4414 WASHINGTON ROAD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

C/O REV. DR. ROBERT BOUCHLAS
4414 WASHINGTON ROAD
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUCHLAS, REV. DR. ROBERT
4414 WASHINGTON ROAD
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BOUCHLAS,REV.DR.ROBE, RT	
Address:	4414 WASHINGTON RD.	
City-St-Zip:	W. PALM BEACH, FL 33405 US	
Title:	VD	( ) Delete
Name:	REV. ANNE MARY VESEY,	
Address:	4414 WASHINGTON RD.	
City-St-Zip:	WEST PALM BEACH, FL 33405 US	
Title:	STD	( ) Delete
Name:	BOUCHLAS, LOIS,	
Address:	4414 WASHINGTON RD.	
City-St-Zip:	W. PALM BEACH, FL 33405 US	
Title:	VD	( ) Delete
Name:	REV. FR. AL MAEYENS,	
Address:	11566 WINCHESTER DR	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:	VD	( ) Delete
Name:	SAM BOUCHLAS,	
Address:	323 KIRK ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33406 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. DR. ROBERT BOUCHLAS PD 03/11/2009

Electronic Signature of Signing Officer or Director — Date