

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004625

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** PROTECTION OF THE MOST HOLY THEOTOKOS MONASTERY, INC.

**Current Principal Place of Business:**

45 DAVIS HILL ROAD  
WEAVERVILLE, NC 28787 US

**New Principal Place of Business:**

**Current Mailing Address:**

45 DAVIS HILL ROAD  
WEAVERVILLE, NC 28787 US

**New Mailing Address:**

FEI Number: 31-1676050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TERENTA, PETRO  
C/O JOSEPH BLONSKY, ESQ  
8232 SW 82 PLACE  
MIAMI, FL 33143 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: D ( ) Delete  
Name: TERENTA, PETRO  
Address: 45 DAVIS HILL ROAD  
City-St-Zip: WEAVERVILLE, NC 28787 US

Title: PD ( ) Delete  
Name: WENDT, RT. REV. FR. G  
Address: 45 DAVIS HILL ROAD  
City-St-Zip: WEAVERVILLE, NC 28787 US

Title: VSTD ( ) Delete  
Name: GIBAULT, REV. JAMES A  
Address: 45 DAVIS HILL ROAD  
City-St-Zip: WEAVERVILLE, NC 28787 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: TERENTA, PETRO  
Address: 45 DAVIS HILL ROAD  
City-St-Zip: WEAVERVILLE, NC 28787 US

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. JAMES A GIBAULT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VSTD

03/21/2009

\_\_\_\_\_  
Date