

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 704905

1. Entity Name

EASTERN ORTHODOX COMMUNITY CENTER, INC.



FILED
Aug 27, 2008 08:00 AM
Secretary of State



Principal Place of Business
**5801 GRANT ST
P.O. BOX 6664
HOLLYWOOD FL 33021**

Mailing Address
**5801 GRANT ST
P.O. BOX 6664
HOLLYWOOD FL 33021**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0471383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTIE, ILLONA
200 LESLIE DRIVE APT. 909
HALLANDALE FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 3, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
CHRISTIE, ILLONA M
200 LESLIE DR APT 909
HALLANDALE FL 33009**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
PIRICH, MICHAEL E.
2419 MIDDLE RIVER DR.
FORT LAUDERDALE FL 33305**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
KULICK, MARY
1118 N ST RD 7
HOLLYWOOD FL 33021**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
PENZENIK, MARK
5706 HOOD STREET
HOLLYWOOD FL 33021**

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**U00000958427
08/27/08-80002-002 61.25**

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Illona M Christie

VP 8/20/08 9544574989