

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008184

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC1629090220**

**Entity Name:** OREST AND LIDIA BILOUS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

473 SOUTHCREEK DR  
OSPREY, FL 34229

**Current Mailing Address:**

473 SOUTHCREEK DR  
OSPREY, FL 34229

**FEI Number:** 65-1062193

**Certificate of Status Desired:** No

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

BETTERTON, GREG A  
735 E. VENICE AVENUE  
SUITE 200  
VENICE, FL 34285 US

*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

**Officer/Director Detail :**

Title D  
Name BETTERON, GREG A  
Address 735 E. VENICE AVENUE  
City-State-Zip: VENICE FL 34285

Title D  
Name BILOUS, OREST  
Address 473 SOUTHCREEK DR  
City-State-Zip: OSPREY FL 34229

Title D  
Name BILOUS, LIDIA M  
Address 473 SOUTHCREEK DR  
City-State-Zip: OSPREY FL 34229

Title D  
Name BILOUS, MICHAEL W  
Address 7758 US OPEN LOOP  
City-State-Zip: BRADENTON FL 34202

Title D  
Name BILOUS -OLEXY, ORESTA  
Address 10 ASMARA WAY  
City-State-Zip: EASTON CT 06612

Title D  
Name OLEXY, ANDRE  
Address 10 ASMARA WAY  
City-State-Zip: EASTON CT 06612

*I hereby 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 all other like empowered.*

**SIGNATURE:** OREST BILOUS

**DIRECTOR**

**01/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date