

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008506

**Entity Name:** OIKEOS CHRISTIAN NETWORK INC.

**Current Principal Place of Business:**

845 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**Current Mailing Address:**

845 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901 US

**FEI Number:** 83-1615220

**Certificate of Status Desired:** Yes

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

ARIAS BOSINGER, PLLC  
845 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901 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           DIRECTOR  
Name           CENCICH, TODD  
Address       845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title           PRESIDENT  
Name           MAGNELLI, RICO  
Address       845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title           DIRECTOR  
Name           RYAN, JON  
Address       845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title           DIRECTOR  
Name           PATTERSON, JASON  
Address       845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title           DIRECTOR  
Name           GRILLIOT, TODD  
Address       845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title           DIRECTOR  
Name           TILLMAN, KEN  
Address       845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title           TREASURER  
Name           FREDERICK, GARY  
Address       845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title           DIRECTOR  
Name           KNUPP, TOM  
Address       845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

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*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:** FEDERICO MAGNELLI

**PRESIDENT**

**02/05/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name ONEAL, VERA  
Address 845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR  
Name BELTS, LAURETTA  
Address 845 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901