

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000001558

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**3254865243CC**

**Entity Name:** SAINT NICHOLAS OF MYRA BYZANTINE CATHOLIC CHURCH  
IN ORLANDO, INC

**Current Principal Place of Business:**

5135 SAND LAKE RD  
ORLANDO, FL 32819-9531

**Current Mailing Address:**

5135 SAND LAKE RD  
ORLANDO, FL 32819-9531 US

**FEI Number: 59-3013753**

**Certificate of Status Desired: No**

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

REV. OLEKSIY NEBESNYK  
5135 SAND LAKE RD  
ORLANDO, FL 32819-9531 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	VREV
Name	PIGNATO, SALVATORE
Address	5135 SAND LAKE ROAD
City-State-Zip:	ORLANDO FL 32819
Title	REV
Name	DADDONA, NICHOLAS
Address	445 LACKAWANNA AVE
City-State-Zip:	WOODLAND PARK NJ 07424
Title	TRUS
Name	OLESH, SYLVIA
Address	5135 SAND LAKE RD
City-State-Zip:	ORLANDO FL 32819

Title	RREV
Name	HAYER, JAMES
Address	PROTOSYNCELLUS, 445 LACKAWANNA AVE
City-State-Zip:	WOODLAND PARK NJ 07424
Title	TRUS
Name	HOPKINS, CHRISTOPHER G
Address	5135 SAND LAKE RD
City-State-Zip:	ORLANDO FL 32819

*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: SALVATORE PIGNATO**

**OFFICER**

**01/12/2021**

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

\_\_\_\_\_  
Date