

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704905

FILED
Jun 28, 2009
Secretary of State

Entity Name: EASTERN ORTHODOX COMMUNITY CENTER, INC.

Current Principal Place of Business:

5801 GRANT ST
P.O.BOX 6664
HOLLYWOOD, FL 33021

New Principal Place of Business:

5801 GRANT ST
HOLLYWOOD, FL 33021

Current Mailing Address:

5801 GRANT ST
P.O.BOX 6664
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0471383 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LITTLEFIELD, KAREN
10741 CLEARY BLVD
APT 203
PLANTATION, FL 33324 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: KAREN C. LITTLEFIELD

06/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CHRISTIE, ILLONA M
Address: 200 LESLIE DR APT 909
City-St-Zip: HALLANDALE, FL 33009

Title: SD () Delete
Name: PIRICH, MICHAEL E.
Address: 2419 MIDDLE RIVER DR.
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: TD () Delete
Name: KULICK, MARY
Address: 1118 N ST RD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD () Delete
Name: PENZENIK, MARK
Address: 5706 HOOD STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: LITTLEFIELD, KAREN C
Address: 10741 CLEARY BLVD APT 203
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN C. LITTLEFIELD

TD

06/28/2009

Electronic Signature of Signing Officer or Director

Date