

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 19, 2010**  
**Secretary of State**

DOCUMENT# 704905

**Entity Name:** EASTERN ORTHODOX COMMUNITY CENTER, INC.**Current Principal Place of Business:**5801 GRANT ST  
HOLLYWOOD, FL 33021**New Principal Place of Business:****Current Mailing Address:**5801 GRANT ST  
P.O.BOX 6664  
HOLLYWOOD, FL 33021**New Mailing Address:**P.O.BOX 6664  
HOLLYWOOD, FL 33021**FEI Number:** 59-1781451**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LITTLEFIELD, KAREN  
10741 CLEARY BLVD  
APT 203  
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**PIRICH, MICHAEL E  
2419 MIDDLE RIVER DRIVE  
FORT LAUDERDALE, FL 33305 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: MICHAEL E. PIRICH

03/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: PIRICH, MICHAEL E  
Address: 2419 MIDDLE RIVER DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: SD  
Name: MITCHELL, MARION E  
Address: 2709 NE 29 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33306

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

Title: VPD  
Name: JOHNSON, KERRY  
Address: 1016 NE 38 STREET  
City-St-Zip: OAKLAND PARK, FL 33334

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: MICHAEL E. PIRICH

TD

03/19/2010

Electronic Signature of Signing Officer or Director

Date