

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2004
Secretary of State**

DOCUMENT# 718542

Entity Name: ORTHODOX CHURCH OF ST. STEPHEN THE PROTOMARTYR, INC.

Current Principal Place of Business:

1895 LAKE EMMA ROAD
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

4586 REDMOND PLACE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-1347112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, MARK A REV
4586 REDMOND PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENS, MARK A REV
Address: 4586 REDMOND PLACE
City-St-Zip: SANFORD, FL 32771 US

Title: T () Delete
Name: JANIK, KENNETH
Address: 2388 STARBOARD COVE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: D () Delete
Name: GURSKY, BART
Address: 2410 ORCHARD DR
City-St-Zip: APOPKA, FL 32712 US

Title: S () Delete
Name: HALEY, JUDITH
Address: 983 CHERRY BRANCH COURT
City-St-Zip: HEATHROW, FL 32746 US

Title: D () Delete
Name: KINDELL, ROBERT
Address: 136 FIGTREE RUN
City-St-Zip: LONGWOOD, FL 32750 US

Title: V () Delete
Name: MAMULA, MARK
Address: 100 SHELL FLOWER COVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: MARK A. STEVENS

P

04/16/2004

Electronic Signature of Signing Officer or Director

Date