

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718542

FILED
Apr 08, 2009
Secretary of State

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: CHANCY, GLEN
Address: 1936 OLIVIA CIRCLE
City-St-Zip: APOPKA, FL 32703 US

Title: D () Delete
Name: VAN DEN BERG, ANNE
Address: 849 GREENS AVENUE
City-St-Zip: ORLANDO, FL 32804 US

Title: S () Delete
Name: STEPHENSON, HELEN
Address: 200 NORTH THISTLE LANE
City-St-Zip: MAITLAND, FL 32751 US

Title: D () Delete
Name: CONCELMAN, SCOTT
Address: 435 WEKIVA PRESERVE DRIVE
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: MARK A. STEVENS

P

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date