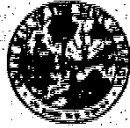


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 AUG -9 AM 11:46

**DOCUMENT # 752700 (5)**

1. Corporation Name  
**THE EASTERN ORTHODOX CHRISTIAN CHURCH IN AMERICA, INC.**

Principal Place of Business Mailing Address  
 6350 HARLEM ROAD 6350 HARLEM ROAD  
 P.O. BOX 687 P.O. BOX 687  
 NEW ALBANY OH 43054 NEW ALBANY OH 43054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/02/1980</b>	3a. Date of Last Report <b>08/15/1994</b>
4. FEI Number <b>31-1197396</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>X</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>X</b>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under a 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**EDGINGTON, THOMAS S**  
**1210 RUSSELL DRIVE**  
**OCCOEE FL 32761**

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	KIRKLAND, MICHAEL ARCBIS
STREET ADDRESS	6350 HARLEM RD.
CITY - ST - ZIP	NEW ALBANY OH
TITLE	D
NAME	KIRKLAND, SHARON L
STREET ADDRESS	6350 HARLEM RD.
CITY - ST - ZIP	NEW ALBANY OH
TITLE	D
NAME	EDGINGTON, THOMAS S REV
STREET ADDRESS	1210 RUSSELL DRIVE
CITY - ST - ZIP	OCCOEE FL
TITLE	PD
NAME	COFER, ALONZO B REV
STREET ADDRESS	2978 LEE ELLEN PL.
CITY - ST - ZIP	COLUMBUS OH
TITLE	SD
NAME	COFER, NELLIE S
STREET ADDRESS	2978 LEE ELLEN PL.
CITY - ST - ZIP	COLUMBUS OH
TITLE	TD
NAME	FEASTER, BECKY
STREET ADDRESS	3586 4TH AVE
CITY - ST - ZIP	GROVE CITY OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	Kirkland, Robert B.
6.4 CITY - ST - ZIP	6350 Harlem Rd. New Albany, OH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael D. Kirkland* Archbishop Michael D. Kirkland Date: 8/2/95 (614) 855-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/2/95 (614) 855-  
 Delayed Filing # 2947

CR2E037 (3/95)