

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

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DOCUMENT # 752700 (5)
 1. Corporation Name
THE EASTERN ORTHODOX CHRISTIAN CHURCH IN AMERICA, INC.



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

3. Date Incorporated or Qualified **06/02/1980** 3a. Date of Last Report **08/09/1995**
 4. FEI Number **31-1197396** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**EDGINGTON, THOMAS S
 1210 RUSSELL DRIVE
 OCOEE 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 **FL** 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KIRKLAND, MICHAEL ARCBIS	
STREET ADDRESS	6350 HARLEM RD.	
CITY-ST-ZIP	NEW ALBANY OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKLAND, SHARON L	
STREET ADDRESS	6350 HARLEM RD.	
CITY-ST-ZIP	NEW ALBANY OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDGINGTON, THOMAS S REV	
STREET ADDRESS	1210 RUSSELL DRIVE	
CITY-ST-ZIP	OCOEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COFER, ALONZO B REV	
STREET ADDRESS	2976 LEE ELLEN PL.	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COFER, NELLIE S	
STREET ADDRESS	2976 LEE ELLEN PL.	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KIRKLAND, ROBERT B	
STREET ADDRESS	6350 HARLEM RD.	
CITY-ST-ZIP	NEW ALBANY OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sarah E. Cottrell	
1.3 STREET ADDRESS	5832 Leafapple Lane	
1.4 CITY-ST-ZIP	Columbus, Ohio 43232	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ralph L. Blackwell	
3.3 STREET ADDRESS	942 E. 15th Avenue	
3.4 CITY-ST-ZIP	Columbus, Ohio 43211	
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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cofer, Nellie S.	
5.3 STREET ADDRESS	2976 Lee Ellen Place	
5.4 CITY-ST-ZIP	Columbus, Ohio	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kirkland, Robert B.	
6.3 STREET ADDRESS	6350 Harlem Road	
6.4 CITY-ST-ZIP	New Albany, Ohio	

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)(k), 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 1 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Michael D. Kirkland* Most Rev. Michael D. Kirkland (614) 855-2947
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)