

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

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P.O. BOX 687
NEW ALBANY OH 43054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1980 3a. Date of Last Report 09/13/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

10. Name and Address of New Registered Agent

EDGINGTON, THOMAS S
1210 RUSSELL DRIVE
OCOE FL 32761

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME KIRKLAND, MICHAEL ARCBIS
STREET ADDRESS 6350 HARLEM RD.
CITY-ST-ZIP NEW ALBANY OH

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Cottrell, Sarah E.
1.3 STREET ADDRESS 5832 Leafapple Ln
1.4 CITY-ST-ZIP Columbus, OH 43232

TITLE D ☐ DELETE
NAME KIRKLAND, SHARON L
STREET ADDRESS 6350 HARLEM RD.
CITY-ST-ZIP NEW ALBANY OH

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Goode, William
2.3 STREET ADDRESS 698 Hillock Road
2.4 CITY-ST-ZIP Columbus, OH 43207

TITLE D ☐ DELETE
NAME EDGINGTON, THOMAS S REV
STREET ADDRESS 1210 RUSSELL DRIVE
CITY-ST-ZIP OCOCHEE FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Blackwell, Ralph L
3.3 STREET ADDRESS 942 E. 15th Ave.
3.4 CITY-ST-ZIP Columbus, OH 43211

TITLE PD ☐ DELETE
NAME COFER, ALONZO B REV
STREET ADDRESS 2976 LEE ELLEN PL.
CITY-ST-ZIP COLUMBUS OH

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME COFER, NELLIE S
STREET ADDRESS 2976 LEE ELLEN PLACE
CITY-ST-ZIP COLUMBUS OH

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KIRKLAND, ROBERT B
STREET ADDRESS 6350 HARLEM RD.
CITY-ST-ZIP NEW ALBANY OH

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] SIGNATURE REQUIRED: [Signature] 09/16/97 114 955-7947

CR2E037 (4/97)