


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

71 **FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90043 017 \*\*\*\*61.25

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<b>DOCUMENT # 765333</b>			
1. Entity Name ST. BASIL THE GREAT EASTERN ORTHODOX CHURCH, INC.			
Principal Place of Business 5200 NE 29 ST. P O BOX 898 SILVER SPRINGS, FL 34488 US		Mailing Address 5200 NE 29 ST. P O BOX 898 SILVER SPRINGS, FL 34488 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07192008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2635945		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHILIPS, BLAIR 3201 S.E. 73RD STREET OCALA, FL 34480		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, ROBERT 2905 S 92ND PL ANTHONY, FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, BLAIR 3201 S.E. 73RD STREET OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, ELEANOR 17979 S.E. 80TH ROTHWAY COURT THE VILLAGES, FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAGICA, ELIASON 10835 SE 176TH STREET SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD William Amesberry 3656 SE 49th Street Ocala Florida 34480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEFANIK, ROSEMARIE 3237 RIVERTON RD THE VILLAGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHAN, MARICICH 11132 SW 73RD CT OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Robert Taylor Robert Taylor		Date: 8-31-08 352 Daytime Phone #: 8170636	