

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765333

FILED
Aug 16, 2009
Secretary of State

Entity Name: ST. BASIL THE GREAT EASTERN ORTHODOX CHURCH, INC.

Current Principal Place of Business:

5200 NE 29 ST.
P O BOX 898
SILVER SPRINGS, FL 34488 US

New Principal Place of Business:

5200 NE 29 ST.
SILVER SPRINGS, FL 34488 US

Current Mailing Address:

5200 NE 29 ST.
P O BOX 898
SILVER SPRINGS, FL 34488 US

New Mailing Address:

FEI Number: 59-2635945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILIPS, BLAIR
3201 S.E. 73RD STREET
OCALA, FL 34480 US

Name and Address of New Registered Agent:

TAYLOR, ROBERT
2905 SOUTH 92ND PLACE
ANTHONY, FL 32617 US

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: ROBERT TAYLOR

08/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, ROBERT
Address: 2905 S 92ND PL
City-St-Zip: ANTHONY, FL 32617

Title: VD () Delete
Name: PHILLIPS, BLAIR
Address: 3201 S.E. 73RD STREET
City-St-Zip: OCALA, FL 34480

Title: S () Delete
Name: WEST, ELEANOR
Address: 17979 S.E. 80TH ROTHWAY COURT
City-St-Zip: THE VILLAGES, FL 32162

Title: VD () Delete
Name: AMESBERRY, WILLIAM
Address: 3656 SE 49TH STREET
City-St-Zip: OCALA, FL 34480

Title: T () Delete
Name: STEFANIK, ROSEMARIE
Address: 3237 RIVERTON RD
City-St-Zip: THE VILLAGE, FL

Title: T () Delete
Name: STEPHAN, MARICICH
Address: 11132 SW 73RD CT
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: ROBERT TAYLOR

PRES

08/16/2009

Electronic Signature of Signing Officer or Director

Date