2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# F00000002691

Entity Name: SACRED PATRIARCHAL AND STAVROPEGIAL ORTHODOX MONASTERY OF ST. IRENE CHRYSOVALANTOU, INC.

Current Principal Place of Business:

36-07 23RD AVENUE
ASTORIA, NY 11105

New Principal Place of Business:

Current Mailing Address:

36-07 23RD AVENUE
ASTORIA, NY 11105

New Mailing Address:

FEI Number: 11-2526243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EKONOMIDES, NICKOLAS C
201 E. KENNEDY BLVD., SUITE 1130
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ******SEE NOTES*****,
Address: 36-07 23RD AVENUE
City-St-Zip: ASTORIA, NY 11105

Title: C ( ) Delete
Name: JOACHIM, METROPOLITAN
Address: 36-04 23 AVENUE
City-St-Zip: ASTORIA, NY 11105

Title: A ( ) Delete
Name: PAISIOS, METROPOLITAN
Address: 36-04 23 AVENUE
City-St-Zip: ASTORIA, NY 11105

Title: DAS ( ) Delete
Name: VIKENTIOS, BISHOP
Address: 36-04 23 AVENUE
City-St-Zip: ASTORIA, NY 11105

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BISHOP VIKENTIOS DAS 04/06/2005

Electronic Signature of Signing Officer or Director — Date