## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005772

FILED Jun 25, 2009 Secretary of State

Entity Name: ST. VLADIMIR'S ORTHODOX THEOLOGICAL SEMINARY INC.

	rincipal Place of Business:	New Principal Place of Business:	
	RSDALE ROAD OOD, NY 10707		
Current N	lailing Address:	New Mailing Address:	
	RSDALE ROAD OOD, NY 10707		
In accordar	T: 13-1656625 FEI Number Applied For ( ) note with s. 607.193(2)(b), F.S., the corporation d	·	
VAN DEN 849 GREE	d Address of Current Registered Agent BERG, ANNE ENS AVENUE D, FL 32804 US	: Name and Address of New Registered Agent:	
	e named entity submits this statement for t e of Florida.	ne purpose of changing its registered office or registered agent, or b	oth,
SIGNATU	RE:		
	Electronic Signature of Registered	Agent Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS
Title: Name: Address: City-St-Zip:	D () Delete METROPOLITAN JONAH PO BOX 675 SYOSSET, NY 117910675	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
City-St-Zip.		51ty 5t 21p.	
Title: Name: Address:	D ( ) Delete METROPOLITAN PHILIP 358 MOUNTAIN ROAD ENGLEWOOD, NJ 076313727	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	METROPOLITAN PHILIP 358 MOUNTAIN ROAD	Title: ( ) Change ( ) Addition Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	METROPOLITAN PHILIP 358 MOUNTAIN ROAD ENGLEWOOD, NJ 076313727  D ( ) Delete BEHR, FR. JOHN 575 SCARSDALE ROAD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	METROPOLITAN PHILIP 358 MOUNTAIN ROAD ENGLEWOOD, NJ 076313727  D () Delete BEHR, FR. JOHN 575 SCARSDALE ROAD CRESTWOOD, NY 107071699  D () Delete HATFIELD, FR. CHAD 575 SCARSDALE ROAD	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 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: FR. CHAD HATFIELD D 06/25/2009