2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N0000007326 1. Entity Name						The property of the property o				
ORTHODOX CHRISTIAN NETWORK, INC.							08 SEP :		_	
Principal Place	e of Business	Mailing	Address	1						
815 NE 15TH AVE FT LAUDERDALE FL 33304		815 NE 15TH AVE FT LAUDERDALE FL 33304			•	ALLAHASSEE ELOPISA				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			1160,001 011	Dein een Bern eam	ERIN BEIN BEIN IE	229 MM MAIN D	IIII ii ii	
Suite, Apt. #. etc.		Suite, Apt. #, etc.				2nd MOORE CR2E037 (4/08)				
City & State		City & State			4. FEI Number 65-1105070 Applied For Not Applicable					
Zip	Country	Zip	;	Cou	ntry	5. Certificate of Sta	atus Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered	Agent			7. Name and Add	ress of New R	egistered A	gent	
METROPI II OC CHRISTOPHER T REV					Name					
METROPULOS, CHRISTOPHER T REV. 815 N.E. 15TH AVENUE FT. LAUDERDALE FL 33304					Street Address (P.O. Box Number is Not Acceptable)					
TI. ENOBERDALE I E 33304				City				FL	Zip Cod	e
	named entity submits this statement for	r the purpos	se of changing its re	egistere	ed office or register	red agent, or both, in	the State of Flo	orida. I am ta	miliar with,	and accept
										1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
				•						
	FILE NOW: FEE IS \$61.25 Due By September 3, 2008		9. Election Camp Trust Fund Co	aign Fi	inancing	\$5.00 May Be Added to Fees		ke Check la Departr		
		RECTORS	9. Election Camp	aign Fi	inancing on, 🗀	\$5.00 May Be	Floric	ke Check da Departr	nent of S	State
10.	Oue By September 3, 2008 OFFICERS AND DIE PD		9. Election Camp	paign Fi ntributi	inancing on.	\$5.00 May Be Added to Fees	Floric	ke Check la Departr	nent of S	State
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Interest sering mai the information supplied with this filling does not quality for the exemptions contained 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 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 expecte 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 this empowered.

GNATURE:

GNATURE: