

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000008184

1. Entity Name

OREST AND LIDIA BILOUS FAMILY FOUNDATION, INC.



Principal Place of Business

473 SOUTHCREEK DR
OSPREY, FL 34229

Mailing Address

473 SOUTHCREEK DR
OSPREY, FL 34229



01082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1062193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETTERTON, GREG A
981 RIDGEWOOD AVE, STE 101
VENICE, FL 34292

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BETTERON, GREG A
STREET ADDRESS 981 RIDGEWOOD AVE, STE 101
CITY-ST-ZIP VENICE, FL 34292

TITLE D
NAME BILOUS, OREST
STREET ADDRESS 473 SOUTHCREEK DR
CITY-ST-ZIP OSPREY, FL 34229

TITLE D
NAME BILOUS, LIDIA M
STREET ADDRESS 473 SOUTHCREEK DR
CITY-ST-ZIP OSPREY, FL 34229

TITLE D
NAME BILOUS, MICHAEL W
STREET ADDRESS 15 KARLSTADT RD
CITY-ST-ZIP WINDHAM, NY 12496

TITLE D
NAME BILOUS-OLEXY, ORESTA
STREET ADDRESS 10 ASMARA WAY
CITY-ST-ZIP EASTON, CT 06612

TITLE D
NAME OLEXY, ANDRE
STREET ADDRESS 10 ASMARA WAY
CITY-ST-ZIP EASTON, CT 06612

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01/17/06-80006-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

[Signature] OREST BILOUS

1/10/06

941-918-9594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #