


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N01000002097	
1. Entity Name SAINT ANTHONY THE GREAT ORTHODOX CHURCH, INC.	

Principal Place of Business 4031 US 1 DIXIE HIGHWAY PALM BAY, FL 32905	Mailing Address 4031 US 1 DIXIE HIGHWAY PALM BAY, FL 32905
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3692285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OSTERMAN, PETER F
1010 GEORGE ST
SEBASTIAN, FL 32958**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PT	OSTERMAN, PETER F
NAME	1010 GEORGE ST
STREET ADDRESS	SEBASTIAN, FL 32958
CITY-ST-ZIP	
TITLE VPD	NAJJAR, JEAN
NAME	535 MAJORCA CRT
STREET ADDRESS	SATELLITE BEACH, FL 32937
CITY-ST-ZIP	
TITLE SD	PERERS, SUSAN
NAME	5985 S. TROPICAL TRAIL
STREET ADDRESS	MERRIT ISLAND, FL 32952
CITY-ST-ZIP	
TITLE D	SMITH, PATRICIA
NAME	4005 DAVID DR
STREET ADDRESS	TITUSVILLE, FL 32780
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000690842
04/12/07-80006-013 61.25

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:  **4/2/07** **(177) 388-5024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #