

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 02, 2009
Secretary of State

DOCUMENT# N01000002097

Entity Name: SAINT ANTHONY THE GREAT ORTHODOX CHURCH, INC.**Current Principal Place of Business:**223 E NEW HAVEN AVE
MELBOURNE, FL 329014571**New Principal Place of Business:****Current Mailing Address:**PO BOX 267
MELBOURNE, FL 329020267**New Mailing Address:****FEI Number:** 59-3692285**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OSTERMAN, PETER F
1010 GEORGE ST
SEBASTIAN, FL 32958 US**Name and Address of New Registered Agent:**OSTERMAN, PETER F
223 E NEW HAVEN AVE
MELBOURNE, FL 329014571 US

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: PETER F OSTERMAN

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: OSTERMAN, PETER F
Address: 1010 GEORGE ST
City-St-Zip: SEBASTIAN, FL 32958**Title:** CD () Delete
Name: FLICKINGER, ROBERT
Address: 438 CHALOUPPE TER
City-St-Zip: SEBASTIAN, FL 32958**Title:** SD () Delete
Name: PERERS, SUSAN
Address: 5985 S. TROPICAL TRAIL
City-St-Zip: MERRIT ISLAND, FL 32952**Title:** D () Delete
Name: SMITH, PATRICIA
Address: 4005 DAVID DR
City-St-Zip: TITUSVILLE, FL 32780**Title:** D () Delete
Name: ENSTICE, STEPHANIE
Address: 1689 COUNTRY COVE CIR
City-St-Zip: MALABAR, FL 329503356**Title:** D () Delete
Name: CONWAY, WILLIAM
Address: 5335 TAY CT
City-St-Zip: MELBOURNE BEACH, FL 32951**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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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: PETER OSTERMAN

VD

07/02/2009

Electronic Signature of Signing Officer or Director

Date