

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 024 ****61.25

DOCUMENT # N02000001332



1. Entity Name
CHALDEAN ORTHODOX CHURCH OF THE EAST, INC.

Principal Place of Business
**2250 SW 31ST AVE
 FORT LAUDERDALE, FL 33312**

Mailing Address
**2123 W. DAVIE BLVD
 #105
 FORT LAUDERDALE, FL 33312**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1147881

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNOX, M. REV. BRUCE A
 2123 W. DAVIE BOULEVARD
 #105
 FT. LAUDERDALE, FL 33312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **KNOX, MOST REV. BRUCE A**
 STREET ADDRESS **2133 W. DAVIE BLVD. #105**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **ST** Change Addition
 NAME **Patricelli Frank**
 STREET ADDRESS **38 Everett Street**
 CITY-ST-ZIP **Middleboro, MA 02346**

TITLE **V** Delete
 NAME **LAMBERT, MOST REV. PAUL**
 STREET ADDRESS **5800 NE 22 WAY, #582**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **ST** Delete
 NAME **PRIO, REV. DOMINIC**
 STREET ADDRESS **1942 N.E. 8TH CT. #D200**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **T** Delete
 NAME **BROWN, ANTOINETTE**
 STREET ADDRESS **2220 N 57 TERRACE**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **T** Delete
 NAME **PATRICELLI, HEATHER**
 STREET ADDRESS **48 WESTLAND STREET, 41**
 CITY-ST-ZIP **BROCKTON, MA 02301**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **T** Delete
 NAME **KANTANES, ALEX**
 STREET ADDRESS **3421 SW 28 STREET**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 954-612-4841

Date

Daytime Phone #