

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002031

1. Entity Name
ST. JOHN OF KRONSTADT ORTHODOX CHURCH, INC.



Principal Place of Business
**15 MAGNOLIA STREET
FLAGLER STREET, FL 32136**

Mailing Address
**15 MAGNOLIA STREET
FLAGLER STREET, FL 32136**



01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0085443

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STAVRU, THEODORE
58 EBB TIDE DR.
PALM COAST, FL 32164-6267**

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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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000798520
01/30/08-80031-024 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STAVRU, THEODORE
STREET ADDRESS 58 EBB TIDE DR.
CITY-ST-ZIP PALM COAST, FL 321646267

TITLE VD
NAME CHRISTUS, CHARLES H
STREET ADDRESS 15 MAGNOLIA STREET
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE TD
NAME MCLELAND, LINDA
STREET ADDRESS 3731 RENDALE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES H. CHRISTUS

1/22/08
Date

(386) 439-1237
Daytime Phone #