2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002031

FILED Feb 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

15 MAGNOLIA STREET FLAGLER STREET, FL 32136

Current Mailing Address: New Mailing Address:

15 MAGNOLIA STREET FLAGLER STREET, FL 32136

FEI Number: 20-0085443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STAVRU, THEODORE

58 EBB TIDE DR.

58 CHRISTUS, CHARLES H PD
15 MAGNOLIA ST.

15 MAGNOLIA ST.

15 MAGNOLIA ST.

PALM COAST, FL 321646267 US FLAGLER BEACH, FL 32136 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: CHARLES H. CHRISTUS 02/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: STAVRU, THEODORE Name: CHRISTUS, CHARLES H

Address: 58 EBB TIDE DR. Address: 15 MAGNOLIA ST.

City-St-Zip: PALM COAST, FL 321646267 City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD () Delete Title: VD (X) Change () Addition Name: CHRISTUS, CHARLES H Name: WARREN, MARCIA E

Address: 15 MAGNOLIA STREET Address: 6420 6TH AVE. NORTH
City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: ST. PETERSBURG, FL 33710

Title: TD () Delete Title: () Change () Addition

 Name:
 MCLELAND, LINDA
 Name:

 Address:
 3731 RENDALE DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 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: CHARLES H. CHRISTUS PD 02/15/2009