2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000380



FILED Jan 17, 2007 8:00 am Secretary of State

Principal Place of Business 105 COUNTSION PANAMA CITY BEACH, FL 32413 2. Principal Place of Business - No P.O. Box © 3. Making Address Swin, Apl. #, etc. Suito, Apl. #, etc.	1. Entity Name TRANSFIGURATION ORTHODOX CHURCH, INC.							01	1-17-2007 90054	012 ****61	1.25
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S. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida	City & State	City & State		Cit	City & State				O R		
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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, hyand or present name of registered agent and test a spirature. (MCTE: Registered Agent agreature incurred when rematating) DATE	105 COVINGTON										
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Signature, hybrid or printed name of ingretized agent and title if applicable. NOTE: Registered Agent agent and short increasing) DATE				for the purp	ose of changing its	registered office o	r register	ed agent, or both, in	· · · · · · · · · · · · · · · · · · ·		and accept
Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE .										
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