2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N05000009952

Entity Name: ST. NECTARIOS ORTHODOX CHURCH, INC.

Current Principal Place of Business:

379 ARBOR WAY
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

379 ARBOR WAY
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 06-1757231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYBORSKI, NICHOLAS
379 ARBOR WAY
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	WYBORSKI, NICHOLAS	
Address:	379 ARBOR WAY	
City-St-Zip:	LAKELAND, FL 33809	
Title:	S/T	( ) Delete
Name:	WYBORSKI, WANDA J	
Address:	379 ARBOR WAY	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Delete
Name:	KUZEMCHAK, JOHN	
Address:	108 LEOPOLD LN	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	( ) Delete
Name:	GOCHIN, MARTHA	
Address:	9676 TROON CT	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	BROWN, DALE	
Address:	2653 21ST ST NW	
City-St-Zip:	WINTER HAVEN, FL 33881	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 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: NICHOLAS WYBORSKI P/D 04/30/2006

Electronic Signature of Signing Officer or Director — Date