

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009952

FILED
Apr 09, 2008
Secretary of State

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: GJURICH, EDITH
Address: 302 BAYSHORE DRIVE
City-St-Zip: AUBURNDALE, FL 33823

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 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

04/09/2008

Electronic Signature of Signing Officer or Director

Date