

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90009 029 \*\*\*\*61.25

<b>DOCUMENT # N06000003006</b>					
<b>1. Entity Name</b> BYZANTINE STUDIES ASSOCIATION OF NORTH AMERICA, INC.					
<b>Principal Place of Business</b> DUMBARTON OAKS, 1703 32ND STREET NW WASHINGTON, DC 20007			<b>Mailing Address</b> DUMBARTON OAKS, 1703 32ND STREET NW WASHINGTON, DC 20007		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-8880321	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FERNANDEZ, SEGUNDO J ESQ OERTEL FERNANDEZ COLE AND BRYANT PA 301 SOUTH BRONOUGH STREET SUITE 500 TALLAHASSEE, FL 32302			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> JONES, LYNN <input checked="" type="checkbox"/> Delete DUMBARTON OAKS, 1703 32ND STREET NW WASHINGTON, DC		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> Safran, Linda P. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition University of Toronto, 100 St. George Street Toronto, ON M5S 3G3 Canada	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> PAPALEXANDROU, AMY <input type="checkbox"/> Delete DUMBARTON OAKS, 1703 32ND STREET NW WASHINGTON, DC		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> Papalexandrou, Amy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2808 Jorwoods Drive Austin, TX 78745-5928	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> GONOSOVA, ANNA <input type="checkbox"/> Delete DUMBARTON OAKS, 1703 32ND STREET NW WASHINGTON, DC		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> Gonosova, Anna <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 Alcott Court Irvine, CA 92617-4023	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> WALKER, ALICIA <input type="checkbox"/> Delete DUMBARTON OAKS, 1703 32ND STREET NW WASHINGTON, DC		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> Walker, Alicia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Washington University in St. Louis, CB 1189 One Brookings Drive St Louis MO 63103	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b> <i>Linda P. Safran by Segundo J Fernandez</i>			4/3/08 (850) 521-0700		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

*As Attorney and Registered Agent*