


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90206 039 \*\*\*\*61.25

**DOCUMENT # N06000006790**

1. Entity Name  
 DIOCESE OF FLORIDA HOLY ORTHODOX CHURCH AJ, INC.



Principal Place of Business  
 1598 SW MAIN ST.  
 GREENVILLE, FL 32331

Mailing Address  
 P O BOX 398  
 GREENVILLE, FL 32331

20008906



2. Principal Place of Business - No P.O. Box #  
~~1598~~ SW Orange Ave. 184  
 Suite, Apt. #, etc.

3. Mailing Address  
~~XXXXXX XXXX XXXX XXXX~~ same  
 Suite, Apt. #, etc.

03222007 Chg-NP CR2E037 (12/06)

City & State  
 Madison, FL

City & State  
~~XXXXXX XXXX XXXX~~ same

Zip Country  
 32340

Zip Country  
~~XXXX~~ 32340 MD MA

4. FEI Number  
 33-1140062

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHOLOMEW, CARL D BISHOP  
 1598 SW MAIN ST.  
 GREENVILLE, FL 32331

7. Name and Address of New Registered Agent

Name  
 Bartholomew, Carl D. Bishop

Street Address (P.O. Box Number is Not Acceptable)  
 184 SW Orange Ave.

City  
 Madison, FL

Zip Code  
 32340

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.

SIGNATURE *Carl D. Bishop* DATE 4/14/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PAYNE, T J 1598 SW MAIN ST. GREENVILLE, FL 32331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEIS, ROBERT J PO BOX 1251 VALLEY STREAM, NY 11582	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORBES, FRANCIS W SR. 238 OVERBY DR. ANTIOCH, TN 37013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./Sec. Carl D Bartholomew 184 SW Orange Ave Madison, FL 32340	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP XXXXXX XXXX XXXX XXXX XXXXXX XXXX XXXX XXXX XXXXXX XXXX XXXX XXXX</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Forbes, Francis W Sr. 238 Overby Dr Antioch, TN 37013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Dietz 132 Marine Dr. Amherst, NY 14228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marrisa Dietz 132 Marine Dr. Amherst, NY 14228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *Carl D. Bishop* DATE 4/14/07 DAYTIME PHONE # 850-673-8338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR