


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**

3. Mailing Address
~~XXXXXX XXXXXX~~ **same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

03222007 Chg-NP CR2E037 (12/06)

City & State
Madison, FL

City & State
~~XXXXXX XXXX~~ **same**

Zip Country Zip Country
32340 **MD** **32340** **MD**

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

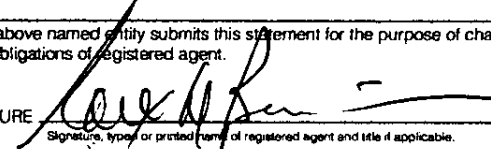
7. Name and Address of New Registered Agent

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  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	VP XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX	<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:  DATE **4/14/07** DAYTIME PHONE # **850-673-8338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR