


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
32340

Country
USA

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  **4/14/07** DATE

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:  **4/14/07** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-673-8338 Daytime Phone #