
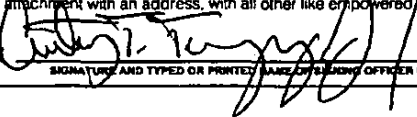


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
1. Mar 10, 2008 8:00 am
Secretary of State

01-14-2008 90096 031 ****61.25

DOCUMENT # N07000001147					
1. Entity Name ST. ANDREW, THE APOSTLE, ANTIOCHIAN ORTHODOX CHURCH OF PENSACOLA, INC.					
Principal Place of Business 120 EAST MAIN STREET, SUITE A PENSACOLA, FL 32502			Mailing Address 120 EAST MAIN STREET, SUITE A PENSACOLA, FL 32502		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3803685-3	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOOKMAN, ALAN B ESQ 30 SOUTH SPRING STREET PENSACOLA, FL 32502				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAMPARY, ANTHONY T JR.		NAME		
STREET ADDRESS	120 EAST MAIN STREET, SUITE A		STREET ADDRESS	5501 N. W. ST.	
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	WAIT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	E. SAMUEL H		NAME	WATE, SAMUEL H.	
STREET ADDRESS	120 EAST MAIN STREET, SUITE A		STREET ADDRESS	5501 N. W. ST.	
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCHER, BARBARA K		NAME		
STREET ADDRESS	120 EAST MAIN STREET, SUITE A		STREET ADDRESS	5501 N. W. ST.	
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAPADELIAS, L. MICHAEL		NAME		
STREET ADDRESS	120 EAST MAIN STREET, SUITE A		STREET ADDRESS	5501 N. W. ST	
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 		ANTHONY T. TAMPARY, JR.		01/10/08 850-969-9711	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

66003086



01072008 Chg-NP CR2E037 (12/06)