2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N07000002187



Mar 12, 2008 8:00 am Secretary of State

FILED

ST. GREG JACKSOI		INDIAN ORTHODO	OX CONGREGA ⁻	TION,				03-12-20	108 90032 0	10 *****/	0.00
Principal Place of Business 1955 KNOTTINGHAM TRACE LANE JACKSONVILLE, FL 32246			Mailing Address 1955 KNOTTINGHAM TRACE LANE JACKSONVILLE, FL 32246			1 20 (1) 1 6 (1)		D 88111 88111 88110 JT	PO: 1789) 18111 188	2111 A 1017	
2. Principal P	lace of Busin	ness - No P.O. Box#	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072008	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State				4. FEI Numbe	38-3	7534		pplied For at Applicable
Zip	Country		Zip Col		untry	5. Certificate of Status Desired \$8.75			\$8.75 Add Fee Require	ditional	
6. Name and Address of Current Registered Agent				•			7. Name and	Address of Ne	w Registered A	Agent	
MATHEW, PHILIP 8855 HARPERS GLEN CT. JACKSONVILLE, FL 32256					Name Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	e
	named entit	y submits this statement for	r the purpose of changing	g its registere	ed office or	register	ed agent, or both	n, in the State of		amiliar with,	and accept
alo conga											
SIGNATURE .	Stonature, typed	or primed name of registered agent a	and title of applicable.	(NOTE: Registere	of Angel signatur	un entricad			03-05-	08	
				(C	o rigorii digiralio	No Lectoraco	when reinstating)		DATE		
	Filing Fe	e is \$61.25 fay 1, 2008	9. Election	Campaign F	inancing		\$5.00 May Bo	,	Make check		
10.	Filing Fe	e is \$61.25	9. Election Trust Fu	Campaign F	inancing		\$5.00 May Bo Added to Fees		Make check Florida Depart	tment of St	tate
	P KUNNAM 1955 KNO	e is \$61.25 fay 1, 2008	9. Election Trust Fu BECTORS	Campaign Find Contribution 11. TITLE NAMI STRE	Financing ion.		\$5.00 May Br Added to Fees		Make check Florida Depart	ment of St	tate
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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:

SAJAN P. JOHN

03-05-08

904-910-4666