

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 005 ****61.25

DOCUMENT # N07000011447

1. Entity Name
THE ORTHODOX CHURCH OF THE WEST - USA, INC.



Principal Place of Business
**103 HENRY AVENUE
TAMPA, FL 33604**

Mailing Address
**103 HENRY AVENUE
TAMPA, FL 33604**

60031846



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

04272008

Chg-NP

CR2E037 (12/06)

4. FEI Number

38-3299226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOYNES, GABRIEL BISHOP
103 HENRY AVENUE
TAMPA, FL 33604**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☐ Delete
NAME **D LOYNES, GABRIEL BISHOP**
STREET ADDRESS **103 HENRY AVENUE**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Delete
NAME **D HUTCHINSON, JAMES REV.**
STREET ADDRESS **103 HENRY AVENUE**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Delete
NAME **D KAY, BRIAN A**
STREET ADDRESS **517 W. IDLEWILD AVENUE**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Delete
NAME **D SCHARBACH, MICHAEL REV.**
STREET ADDRESS **12402 N. 15TH STREET**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **609 W. IDLEWILD AVE.**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D LEWIS, DEXTER REV.**
STREET ADDRESS **5210 SE 3RD LANE**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE ☐ Change ☒ Addition
NAME **ST FRIEDENBERG JUANITA**
STREET ADDRESS **16138 SAGEBRUSH RD**
CITY-ST-ZIP **TAMPA FL 33618**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] Bishop Gabriel Loyne 4/29/08 813 355-4986