2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012321

FILED Apr 21, 2009 Secretary of State

Entity Name: HOLY EASTERN ORTHODOX CATHOLIC & APOSTOLIC CHURCH IN N. AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business: 310 SW RANGE AVE. 310 SW RANGE AVE. MADISON, FL 32341 MADISON, FL 32340 01 01 **Current Mailing Address: New Mailing Address:** PO BOX 128 MADISON, FL 32341 01 FEI Number: 33-1204290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARTHOLOMEW, ALEXANDER C ARCHBIS 310 SW RANGE AVE. MADISON, FL 32341 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BARTHOLOMEW, DD, SSB, +ALEXANDER C MP Name: Name: Address: 310 SW RANGE AVE. Address: MADISON, FL 32341 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOYLE-PARSLEY, DD, +NICHOLAS W Name: Address: 355 TUSCULUM RD. Address: City-St-Zip: NASHVILLE, TN 37211 US City-St-Zip: Title: () Delete Title: () Change () Addition PAYNE, SSB, FRANCIS-MARY T Name: Name: 1598 SW MAIN ST. Address: Address: City-St-Zip: GREENVILLE, FL 32331 US City-St-Zip: Title: (X) Delete Title: () Change () Addition FORBES, DD, SSB, +W. FRANCIS SR. Name: Name: Address: 238 OVERBY DR. Address: City-St-Zip: ANTIOCH, TN 37013 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER C D BARTHOLOMEW PRES 04/21/2009