


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90048 044 ****70.00

DOCUMENT # N07053			
1. Entity Name HOLY AMERICAN ORTHODOX CHURCH, INC.			
Principal Place of Business 1650 6TH STREET GERING, NE 69341 US		Mailing Address PO BOX 43 GERING, NE 69341-0043	
324 Hazeldine Ave, SW Albuquerque, NM 87102		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
USA		04192004 Chg-NP CR2E037 (10/03)	
4. FEI Number 58-2489752		Applied For Not Applicable	
6. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOST REV. MIGUEL LOPEZ, DD, VP 2859 S. BUMBY AVE ORLANDO, FL 32806		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PTC MCGOWAN, KYRIL W REV <input type="checkbox"/> Delete 1650 6TH STREET GERING, NE 69341	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Most Rev. Kyril W. McGowan, PhD 1718 Forrest Street Sidney, NE 69162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD CARMONA, SYMEON REV <input type="checkbox"/> Delete 324 HAZELDINE AVE SW ALBUQUERQUE, NM 87102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chariman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Most Rev. Symeon Carmona 324 Hazeldine Ave.SW Albuquerque, NM 87102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete VOELKER, CHARLES R REV 1088 EASTBROOK AVENUE DELTONA, FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete LOPEZ, MIGUEL REV 2859 SO BUMBY AVENUE ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEAN, BARSANUPHIUS REV 324 HAZELDINE AVE SW ALBUQUERQUE, NM 87102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rt. Rev. Bishop-elect Barsanuphius Dean, 324 Hazeldine Ave. SW Albuquerque, NM 87102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete THEODORA RABB, TAISIA VEN 318 HAZELDINE AVE SW ALBUQUERQUE, NM 87102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Kyril W. McGowan</i>		Most Rev. Kyril W. McGowan, Ph.D. V.P. 19 April, 2004 (505) 254-5652	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	