


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90825 008 ****70.00

DOCUMENT # N07053			
1. Entity Name HOLY AMERICAN ORTHODOX CHURCH, INC.			
Principal Place of Business 324 HAZELDINE AVE. SW ALBUQUERQUE, NM 87102 US		Mailing Address 1718 FORREST STREET SIDNEY, NE 69162	
2. Principal Place of Business - No P.O. Box # 1718 FORREST STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SIDNEY NE		City & State	
Zip 69162	Country US	Zip	Country
6. Name and Address of Current Registered Agent LOPEZ, MIGUEL M.REV. 2500 CURRYFORD ROAD 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 re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	CT MCGOWAN, KYRIL WM.REV 1718 FORREST ST. SIDNEY, NE 69162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD M. REV. MIGUEL LOPEZ 2500 CURRYFORD ROAD ORLANDO, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARMONA, SYMEON M.REV 324 HAZELDINE AVE SW ALBUQUERQUE, NM 87102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUNSALLIS, STEPHEN RT REV 20 STARBOARD TACK DR SALEM, SC 29676 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEANE, BARSANUPHIUS RT REV 324 HAZELDINE AVE SW ALBUQUERQUE, NM 87102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RABB, THAISIA T VEN 318 HAZELDINE AVE SW ALBUQUERQUE, NM 87102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, SHAUN V. REV. 2500 CURRYFORD ROAD ORLANDO, FL 32806 <input type="checkbox"/> Delete	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 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: <u>M. Rev. Kyril W. McGowan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>April 24, 2007</u> Daytime Phone #: <u>(305) 264-5828</u>	

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04202007 Chg-NP CR2E037 (12/06)

4. FEI Number 58-2489752 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required