2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07053

FILED May 03, 2009 Secretary of State

Entity Name: HOLY AMERICAN ORTHODOX CHURCH, INC.

Current Principal Place of Business:			New Principal Place of Business:		
35 W. PINE SUITE 217	STREET				
ORLANDO	, FL 32801	US			
Current Mailing Address:			New Mailing Address:		
35 W. PINE SUITE 217 ORLANDO		US			
FEI Number: 58-2489752 FEI Number Applied For() FEI Number Not Applicable() Certificate of Status Desired()n accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
LOPEZ, MIGUEL M.REV. B5 W. PINE STREET BUITE 217 DRLANDO, FL 32801 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.					
SIGNATURE:					
	Electror	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: Dity-St-Zip:	CT () MCGOWAN, KY 1718 FORRES SIDNEY, NE 6	ΓST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Nddress: Dity-St-Zip:	PD () CARMONA, SY 324 HAZELDIN ALBUQUERQU	E AVE SW	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CARMONA, SYMEON M.REV 324 HAZELDINE AVE SW ALBUQUERQUE, NM 87102	
Fitle: Name: Address: Dity-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VD () LOPEZ, M. REV 2500 CURRYFO ORLANDO, FL	ORD ROAD	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition LOPEZ, M. REV. MIGUEL 2500 CURRYFORD ROAD ORLANDO, FL 32806	
Fitle: Name: Address: Dity-St-Zip:	S () SMITH, SHAWI 35 W. PINE ST ORLANDO, FL	REET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SMITH, SHAWN V. REV. 35 W. PINE STREET ORLANDO, FL 32801	

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: SHAWN SMITH D 05/03/2009