2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000009009

Entity Name: HOLY ORTHODOX CHURCH - AMERICAN JURISDICTION, INC.

Current Principal Place of Business:

310 SW RANGE AVE.
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

PO BOX 128
MADISON, FL 32341

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTHOLOMEW, CARL D CD, MD
310 SW RANGE AVE.
MADISON, FL 32340 US

Name and Address of New Registered Agent:

BARTHOLOMEW, CARL D
310 SW RANGE AVE.
MADISON, FL 32340 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: CARL D BARTHOLOMEW 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete
Name: BARTHOLOMEW, DD, SSB, +ALEXANDER C MP
Address: 310 SW RANGE AVE.
City-St-Zip: MADISON, FL 32341

Title: DIR. ( ) Delete
Name: PAYNE, SSB, FRANCIS-MARY T REV. FR
Address: PO BOX 400
City-St-Zip: GREENVILLE, FL 32331

Title: D (X) Delete
Name: FORBES, DD, SSB, WM. FRANCIS BISHOP
Address: 238 OVERBY ST.
City-St-Zip: ANTIOCH, TN 37001

Title: DIR ( ) Delete
Name: BOYLE-PARSLEY, DD, NICHOLAS W BISHOP
Address: 355 TUSCULUM RD.
City-St-Zip: NASHVILLE, TN 37211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 CD BARTHOLOMEW, DD, SSB PRES 04/21/2009
Electronic Signature of Signing Officer or Director Date