2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09433

TI FILED
Jun 18, 2006
Secretary of State

Entity Name: ST. MICHAEL EVANGELICAL ORTHODOX CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O REV. DR. ROBERT BOUCHLAS 4414 WASHINGTON ROAD WEST PALM BEACH, FL 33405 **New Mailing Address: Current Mailing Address:** C/O REV. DR. ROBERT BOUCHLAS 4414 WASHINGTON ROAD WEST PALM BEACH, FL 33405 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOUCHLAS, REV. DR. ROBERT 4414 WASHINGTON ROAD WEST PALM BEACH, FL 33405 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: () Delete () Change () Addition BOUCHLAS, REV. DR. ROBE, RT Name: Name: 4414 WASHINGTON RD. Address: Address: City-St-Zip: W. PALM BEACH, FL City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition VESEY, REV.ANNE MARY Name: REV. ANNE MARY VESEY, Name: Address: 4414 WASHINGTON RD. Address: 4414 WASHINGTON RD. City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33405 Title: STD () Delete Title: () Change () Addition BOUCHLAS, LOIS, Name: Name: 4414 WASHINGTON RD. Address: Address: City-St-Zip: W. PALM BEACH, FL City-St-Zip: () Delete Title: VD Title: VD (X) Change () Addition Name: MAEYENS, FR. AL. REV Name: REV. FR. AL MAEYENS, 11566 WINCHESTER DR Address: 11566 WINCHESTER DR Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410 Title: () Delete Title: () Change (X) Addition SAM BOUCHLAS, Name: Name: 323 KIRK ROAD Address: Address: WEST PALM BEACH, FL 33406 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. ROBERT BOUCHLAS REV. 06/18/2006