

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09433

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** ST. MICHAEL EVANGELICAL ORTHODOX CHURCH, INC.

**Current Principal Place of Business:**

C/O REV. DR. ROBERT BOUCLAS SR.  
4414 WASHINGTON ROAD  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O REV. DR. ROBERT BOUCLAS SR.  
4414 WASHINGTON ROAD  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

**FEI Number:** 45-2453746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REV. DR. ROBERT BOUCLAS SR.  
4414 WASHINGTON ROAD  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: BOUCLAS, REV. DR. ROBERT  
Address: 4414 WASHINGTON RD.  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: VD  
Name: REV. ANNE MARY VESEY  
Address: 4414 WASHINGTON RD.  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: STD  
Name: BOUCLAS, LOIS  
Address: 4414 WASHINGTON RD.  
City-St-Zip: W. PALM BEACH, FL 33405 US

Title: VD  
Name: SAM BOUCLAS  
Address: 323 KIRK ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406 US

I hereby 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 all other like empowered.

SIGNATURE: REV. DR. ROBERT BOUCLAS SR.

PD

03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date