


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N18290
 1. Entity Name
 ORTHODOX LITURGICAL ARTS ASSOCIATION, INC.



Principal Place of Business: FATHER ALEXANDER JASIUKOWICZ, 840 CABOT COURT, WINTER PARK, FL 32792
 Mailing Address: FATHER ALEXANDER JASIUKOWICZ, 840 CABOT COURT, WINTER PARK, FL 32792

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04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number: 59-2775960 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JASIUKOWICZ, FATHER ALEXANDER
 840 CABOT COURT
 WINTER PARK, FL 32792

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6. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JASIUKOWICZ, ALEXANDER
STREET ADDRESS	840 CABOT COURT
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	JASIUKOWICZ, HELEN
STREET ADDRESS	840 CABOT COURT
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	PRIBOJAN, NIKODIM REV.
STREET ADDRESS	1990 LAKE EMMA RD.
CITY-ST-ZIP	LONGWOOD, FL 32750.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/26/06-80110-024 61.25

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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: *Alexander Jasiukowicz* Alexander Jasiukowicz 4-10-06 407-677-1360
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #