

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
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**



03132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000866436
04/08/08-80028-020 61.25

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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-08 407-677-1360

Date

Daytime Phone #