


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N24503	
1. Entity Name AMERICAN ORTHODOX CATHOLIC CHURCH, INCORPORATED	

Principal Place of Business 3732 RAINES STREET PENSACOLA FL 32514	Mailing Address 3732 RAINES STREET PENSACOLA FL 32514
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/07)

6. Name and Address of Current Registered Agent RAINES, THOMAS E REV 3732 RAINES STREET PENSACOLA FL 32514	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-instating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> Delete
NAME	GRINER, RICHARD A
STREET ADDRESS	229 WALL ST
CITY-ST-ZIP	ZAINESVILLE OH 43701
TITLE	D <input type="checkbox"/> Delete
NAME	THOMPSON, J W
STREET ADDRESS	3100 LOOK OUT DRIVE
CITY-ST-ZIP	ZAINESVILLE OH 43701
TITLE	P <input type="checkbox"/> Delete
NAME	RAINES, THOMAS E
STREET ADDRESS	3732 RAINES STREET
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	D <input type="checkbox"/> Delete
NAME	CODY, CHRISTOPHER
STREET ADDRESS	2501 LARKIN ST
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1100000770643
CITY-ST-ZIP	07/26/07-80006-015 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Thomas E Raines</i>	<i>July 16, 2007 (850) 478-1200</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>