

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28526

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** ST. CATHERINE OF ALEXANDRIA ORTHODOX CATHOLIC MISSION AND HOUSE OF STUDIES,  
INCORPORATED

**Current Principal Place of Business:**

C/O FATHER RAYMOND RUIZ, JR  
5214 PALM RIVER ROAD  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FATHER RAYMOND RUIZ, JR  
5214 PALM RIVER ROAD  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 59-2909354      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RUIZ, RAYMOND JR.  
5214 PALM RIVER ROAD  
TAMPA, FL 33619 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: PDC ( ) Delete  
Name: RUIZ, RAYMOND,  
Address: 5214 PALM RIVER RD.  
City-St-Zip: TAMPA, FL

Title: DS ( ) Delete  
Name: VILLOT, TAMMY,  
Address: 5610 GRANADA BLVD APT B  
City-St-Zip: TAMPA, FL 33617

Title: TD (X) Delete  
Name: CORD, JONAS,  
Address: 220 E. MADISON ST.  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: VILLOT, ORLANDO  
Address: 5610 GRANADA BLVD APT B  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: VILLOT, TAMMY,  
Address: 5003 PATRICIA COURT APT. 156  
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VILLOT, ORLANDO  
Address: 5003 PATRICIA COURT APT 156  
City-St-Zip: TAMPA, FL 33617

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: RAYMOND RUIZ JR. ED.D.

FR.

04/26/2006

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

\_\_\_\_\_  
Date