## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46623

FILED Mar 30, 2009 Secretary of State

Entity Name: ORTHODOX BROTHERHOOD OF ST. SYMEON THE NEW THEOLOGIAN, INC.

**Current Principal Place of Business: New Principal Place of Business:** 244 N HOLIDAY MIRAMAR BEACH, FL 32550 US **Current Mailing Address: New Mailing Address:** 276 N HOLIDAY MIRAMAR BEACH, FL 32550 FEI Number: 23-7108718 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEPHANOU, EUSEBIUS A. 276 N HOLIDÁY RD MIRAMAR BEACH, FL 32550 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ABBATE, CHARLES I Name: Name: 320 N. MARION ST. Address: Address: City-St-Zip: OAK PARK, IL 60302 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ELYCE, MOUSKONDIS Name: PATELL, RONALD Name: Address: 841 JUNIPERPOINT DR Address: 713 SEMINOLE BLVD City-St-Zip: SALT LAKE CITY, UT 84103 City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: () Change () Addition MCKNIGHT, SYMEON Name: Name: Address: 710 LEGION DR APT C5 Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: ( ) Delete Title: () Change () Addition STEPHANOU, EUSEBIUS Name: Name: 276 N HOLIDAY RD. Address: Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ABBATE, JOSEPH ABBATE, JOSEPH Name: Name: 219 ANN CIR #A 219 ANN CIR #A Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: (X) Change ( ) Addition KANIARIS, JOHN RANDALL, WILLIAM M Name: Name: Address: 6347 CASTLE HILL DR Address: PO BOX 1598 MIDDLETOWN, OH 45044 GULF BREEZE, FL 32562 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EUSEBIUS A. STEPHANOU P 03/30/2009