2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51260

FILED Apr 25, 2007 Secretary of State

Entity Name: THE ORTHODOX CHRISTIAN MISSION CENTER, INC.

Littly Nan	ile. THE OK	THODOX CHRISTIAN WIISSIO	N CENTER, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
85 S. DIXIE ST. AUGU	EHWY. ISTINE, FL 32	2084 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	TICE BOX 551: VILLE, FL 322				
FEI Number:	59-3158396	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
5150 BELF BUILDING JACKSON	VILLE, FL 322 named entity:	256 US	ANSBACHER & SCH 5150 BELFORD ROA BUILDING 100 JACKSONVILLE, FL purpose of changing its registere	VD	
		ICE V ANSBACHER		04/25/2007	
		nic Signature of Registered Ag	ent	Date	
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (ARGUE, CLIFF 9370 MERCER MERCER ISLA	WOOD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (HATFIELD, CH. 414 MISSION F KODIAK, AK 9	ROAD .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIACOPULOS, 6511 MILL ROA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VELENCIA, FR	REIN TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RITSI, MARTIN 85 S. DIXIE HV		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CLIFFORD ARGUE P 04/25/2007