

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51260

FILED
Feb 15, 2008
Secretary of State

Entity Name: THE ORTHODOX CHRISTIAN MISSION CENTER, INC.

Current Principal Place of Business:

85 S. DIXIE HWY.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 551260
JACKSONVILLE, FL 322551260

New Mailing Address:

FEI Number: 59-3158396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORD ROAD
BUILDING 100
JACKSONVILLE, FL 32256 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: P () Delete
Name: ARGUE, CLIFFORD
Address: 9370 MERCERWOOD DRIVE
City-St-Zip: MERCER ISLAND, WA 98040

Title: V () Delete
Name: HATFIELD, CHAD
Address: 414 MISSION ROAD
City-St-Zip: KODIAK, AK 99615 US

Title: S () Delete
Name: LIACOPULOS, FR. GEORGE
Address: 6511 MILL ROAD
City-St-Zip: EGG HARBOR TOWNSHIP, NJ 08234 US

Title: T () Delete
Name: VELENCIA, FR. RAYMOND
Address: 10771 BRIDCEREIN TERRACE
City-St-Zip: COLUMBIA, MD 21044 US

Title: D () Delete
Name: RITSI, MARTIN
Address: 85 S. DIXIE HWY
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HATFIELD, CHAD
Address: 575 SCARSDALE ROAD
City-St-Zip: CRESTWOOD, NY 10707 US

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

Title: T (X) Change () Addition
Name: BIRCHFIELD, WILLIAM
Address: 1525 B THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: () Change () Addition
Name:
Address:
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: CLIFFORD ARGUE

P

02/15/2008

Electronic Signature of Signing Officer or Director

Date