

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51260

FILED
Feb 15, 2010
Secretary of State

Entity Name: THE ORTHODOX CHRISTIAN MISSION CENTER, INC.

Current Principal Place of Business:

220 MASON MANATEE WAY
ST. AUGUSTINE, FL 32086 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 BELFORT 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
Name: ARGUE, CLIFFORD
Address: 9370 MERCERWOOD DRIVE
City-St-Zip: MERCER ISLAND, WA 98040

Title: V
Name: HATFIELD, CHAD
Address: 575 SCARSDALE ROAD
City-St-Zip: CRESTWOOD, NY 10707 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD ARGUE

P

02/15/2010

Electronic Signature of Signing Officer or Director

Date