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N93000003816

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 Report
RB 6-7-95

DOCUMENT #. N93000003816 (6)

1. Corporation Name AMERICAN ORTHODOX CHURCH, INC

~~AMERICAN ORTHODOX CHURCH, INC.~~
~~[illegible]~~

Principal Place of Business	Mailing Address
1315 NORTHWEST 39TH DRIVE GAINESVILLE FL 32605	1315 NORTHWEST 39TH DRIVE GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3201030 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23) SAME	City & State (28) SAME
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

ANDE, JOSEPH
1315 NORTHWEST 39TH DRIVE
GAINESVILLE FL 32605-4648

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. **OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	ANDE, JOSEPH
STREET ADDRESS	1315 NORTHWEST 39TH DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D
NAME	ANDE, SHARON M
STREET ADDRESS	1315 NORTHWEST 39TH DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D
NAME	~~[illegible]~~
STREET ADDRESS	~~[illegible]~~
CITY-ST-ZIP	~~[illegible]~~
TITLE	CD
NAME	ILNYCKY, NIKOLAUS
STREET ADDRESS	8149 COCO SOLO AVENUE
CITY-ST-ZIP	NORTHPORT FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE	TD	☑ Change ☐ Addition
3 2 NAME	RAINEY, PERRY	
3 3 STREET ADDRESS	RT. 2 BOX 2583	
3 4 CITY-ST-ZIP	BELL, FL 32618	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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95 MAY 25 PM 12: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Ande - Pres. 4/13/95 (904) 375-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSEPH ANDE — Date — Daytime Phone #

0029692