


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000086
 1. Entity Name
ORTHODOX CHRISTIAN MINISTRIES, INC.



Principal Place of Business: **2301 SAN JOSE CIRCLE TAMPA FL 33629**
 Mailing Address: **2301 SAN JOSE CIRCLE TAMPA FL 33629**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

1st MOORE CR2E037 (10/05)
 4. FEI Number: **59-3223897**
 Applied For
 Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KALAMARAS, SAM J
2301 SAN JOSE CIRCLE
TAMPA FL 33629

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing)
 DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> Delete
NAME	KALAMARAS, SAM J REV	
STREET ADDRESS	2301 SO SAN JOSE CIR	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOUMENDOUROS, IRENE A	
STREET ADDRESS	109 HAMILTON STREET, #110	
CITY-ST-ZIP	NEWARK NJ 07105	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KALAMARAS, HELEN	
STREET ADDRESS	2301 SAN JOSE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SPILLIS, ANGELA	
STREET ADDRESS	3611 ELK RIDGE LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sam J Kalamaras* 4/10/06 813 931109