

~~2008~~ **NOT-FOR-PROFIT CORPORATION**
ANNUAL REPORT (AR)

2009 9

DOCUMENT # N94000000086

1. Entity Name

ORTHODOX CHRISTIAN MINISTRIES, INC.



FILED

2009 MAY 22 A 11:10

SECRETARY OF STATE



1st MOORE CR2E037 (10/07)

Principal Place of Business Mailing Address
 2301 SO. SAN JOSE CIRCLE 2301 SO. SAN JOSE CIRCLE
 TAMPA FL 33629 TAMPA FL 33629

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

7. Name and Address of New Registered Agent

KALAMARAS, SAM J
 2301 SAN JOSE CIRCLE
 TAMPA FL 33629

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25
 Due By May 1, 2009

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD
 NAME KALAMARAS, SAM J REV Delete
 STREET ADDRESS 2301 SO SAN JOSE CIR
 CITY-ST-ZIP TAMPA FL 33629

TITLE Change Addition
 NAME MARY S. PARRAS
 STREET ADDRESS 10415 S.W. 92ND ST
 CITY-ST-ZIP MIAMI, FL. 33176

TITLE D
 NAME KOUMENDOUROS, IRENE A Delete
 STREET ADDRESS 109 HAMILTON STREET, #110
 CITY-ST-ZIP NEWARK NJ 07105

TITLE Change Addition
 NAME 000156309570
 STREET ADDRESS 05/22/09--01010--001 **70.00

TITLE DT
 NAME KALAMARAS, HELEN Delete
 STREET ADDRESS 2301 SAN JOSE CIRCLE
 CITY-ST-ZIP TAMPA FL 33629

TITLE Change Addition
 NAME [Signature]

TITLE DS
 NAME SPILLIS, ANGELA Delete
 STREET ADDRESS 3611 ELK RIDGE LANE
 CITY-ST-ZIP VALRICO FL 33594

TITLE Change Addition
 NAME [Signature]

TITLE D
 NAME KALAMARAN, MICHAEL Delete
 STREET ADDRESS 4611 FIG ST. APT 207
 CITY-ST-ZIP TAMPA FL 33609

TITLE Change Addition
 NAME KALAMARAS, MICHAEL

TITLE D
 NAME KOULIANOS, THEOPHANIS Delete
 STREET ADDRESS MORTGAGE TREE LOANS
 CITY-ST-ZIP PALM HARBOR FL

TITLE Change Addition
 NAME [Signature]

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: Ben Sam J. Kalamaras 813 / 8316626