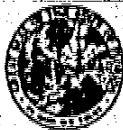


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4:25

DOCUMENT # N94000003408 (1)

1. Corporation Name

ST. JUSTIN THE MARTYR ORTHODOX CHURCH, INC.

Principal Place of Business

12451 MUSCOVY DRIVE
JACKSONVILLE FL 32223

Mailing Address

12451 MUSCOVY DRIVE
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

4. FEI Number

99-3261553

Applied For

Not Applicable

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 601(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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KOPACH, KATHLEEN
12451 MUSCOVY DRIVE
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

REV. THEODORE PISARCHUK

82 Street Address (P.O. Box Number is Not Acceptable)

12451 Muscovy Drive

83

84 City

JACKSONVILLE

FL

85 Zip Code

32223

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

Rev. Theodore Pisarchuk

Rev. Theodore Pisarchuk

3/15/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PISARCHUK, THEODORE REV
STREET ADDRESS 7560 FOUNDERS WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D
NAME SANDERS, LAWRENCE K
STREET ADDRESS 668 SAN ROBAR DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D
NAME HILL, PATRICIA
STREET ADDRESS 108 OVERLOOK DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P
1.2 NAME PISARCHUK, THEODORE REV
1.3 STREET ADDRESS 12451 MUSCOVY DRIVE
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32223

2.1 TITLE D
2.2 NAME SANDERS, LAWRENCE K
2.3 STREET ADDRESS 2057 TANAGER DR
2.4 CITY-ST-ZIP ORANGE PARK, FL 32073

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME KOPACH, KATHLEEN
4.3 STREET ADDRESS 7560 FOUNDERS WAY
4.4 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(b), 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:

Rev. Theodore Pisarchuk
Rev. Theodore Pisarchuk

3/15/95

9042922181

Date

Daytime Phone