

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003408

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: ST. JUSTIN THE MARTYR ORTHODOX CHURCH, INC.

**Current Principal Place of Business:**

12460 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

12460 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32258 US

**Current Mailing Address:**

12460 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32258

**New Mailing Address:**

12460 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32258 US

FEI Number: 59-3261553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

REV. THEODORE PISARCHUK  
12451 MUSCOVY DRIVE  
JACKSONVILLE, FL 32223 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: D ( ) Delete  
Name: PISARCHUK, THEODORE REV  
Address: 12451 MUSCOVY DR.  
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete  
Name: TAYLOR, FRANK  
Address: 1878 BEACHSIDE CT  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T ( ) Delete  
Name: DAN, WORRELL  
Address: 19 LAVISTA DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S ( ) Delete  
Name: DESPAIN, JEAN ELLEN  
Address: 8633 EMERALD ISLE CL. S  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SHARON, PIERCE  
Address: 7604 MAYAPPLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON PIERCE

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06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date