

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 08, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N96000000138**

1. Entity Name  
**AUTOCEPHALOUS ORTHODOX CATHOLIC CHURCH OF  
AMERICA, INC.**



Principal Place of Business  
**1305 INDIAN ROCKS RD  
BELLEAIR, FL 33756 US**

Mailing Address  
**1305 INDIAN ROCKS RD  
BELLEAIR, FL 33756 US**



01042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3380984**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**PAASCH, JOHN R  
120 WOODLAND COURT  
SAFETY HARBOR, FL 34695**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                 |                         |
|-----------------|-------------------------|
| TITLE           | PD                      |
| NAME            | HYDE, GEORGE A          |
| STREET ADDRESS  | 1305 INDIAN ROCKS RD    |
| CITY - ST - ZIP | BELLEAIR, FL 337561057  |
| TITLE           | D                       |
| NAME            | MICHAEL, REED           |
| STREET ADDRESS  | 1305 INDIAN ROCKS RD>   |
| CITY - ST - ZIP | BELLEAIR, FL 33756      |
| TITLE           | D                       |
| NAME            | PAASCH, JOHN R          |
| STREET ADDRESS  | 120 WOODLAND COURT      |
| CITY - ST - ZIP | SAFETY HARBOR, FL 34695 |
| TITLE           | DS                      |
| NAME            | NELSON, MAIQUEZ         |
| STREET ADDRESS  | 778 N.W 3RD ST.         |
| CITY - ST - ZIP | MIAMI, FL 33125         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

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01/09/07-80039-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

Date

727-584-5866

Daytime Phone #