2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004444

FILED Jan 13, 2009 Secretary of State

Entity Name: ANNUNCIATION OF THE THEOTOKOS GREEK ORTHODOX MONASTERY, INC.

Current Principal Place of Business: New Principal Place of Business: 13486 NW HWY 225 REDDICK, FL 32686 **Current Mailing Address: New Mailing Address:** 13486 NW HWY 225 REDDICK, FL 32686 FEI Number: 65-0854161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NESTORAS, CONSTANTINA D NESTORAS, CONSTANTINA 13486 NW HWY 225 13486 NW HWY 225 REDDICK, FL 32686 REDDICK, FL 32686 US US 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: CONSTANTINA NESTORAS 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NESTORAS, CONSTANTINA Name: Name: 13486 NW HWY 225 Address: Address: City-St-Zip: REDDICK, FL 32686 City-St-Zip: Title: SD Title: (X) Change () Addition () Delete VASSILOPOULOS, CONSTANTINA Name: Name: VASSILOPOULOS, KONSTANTINA Address: 13486 NW HWY 225 Address: 13486 NW HWY 225 City-St-Zip: REDDICK, FL 32686 City-St-Zip: REDDICK, FL 32686 Title: () Delete Title: () Change () Addition NESTORAS, CONSTANTINA Name: Name: 13486 NW HWY 225 Address: Address: City-St-Zip: REDDICK, FL 32686 City-St-Zip: Title: VD () Delete Title: () Change () Addition PANAGIOTIDIS, VASILIKI Name: Name: Address: 13486 NW HWY 225 Address: City-St-Zip: REDDICK, FL 32686 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: CONSTANTINA NESTORAS PD 01/13/2009