## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006550

FILED Apr 18, 2005 Secretary of State

Entity Name: THE ORTHODOX CHURCH OF THE WEST, USA, IN FLORIDA, INCORPORATED.

Current Principal Place of Business: New Principal Place of Business:

10211 OAK FOREST DRIVE RIVERVIEW, FL 335695974 US

Current Mailing Address: New Mailing Address:

10211 OAK FOREST DRIVE RIVERVIEW, FL 335695974 US

FEI Number: 59-3543073 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

HOHLFELD, MARTIN REV.
ASCENSION PRIORY
ASCENSION PRIORY
10211 OAK FOREST DRIVE
RIVERVIEW, FL 335695974 US
HOHLFELD, MARTIN REV
ASCENSION PRIORY
10211 OAK FOREST DRIVE
RIVERVIEW, FL 335695974 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: REV. MARTIN HOHLFELD 04/18/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HOHLFELD, MARTIN REV
 Name:

 Address:
 10211 OAK FOREST DRIVE
 Address:

 City-St-Zip:
 RIVERVIEW, FL 335695974 US
 City-St-Zip:

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 JOHNSON, SUSAN H
 Name:
 JOHNSON, SUSAN H

 Address:
 1309 BROOKER ROAD
 Address:
 10211 OAK FOREST DR

 City-St-Zip:
 BRANDON, FL 33511 US
 City-St-Zip:
 RIVERVIEW, FL 335695974 US

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$ 

 Name:
 BONDI, ANTHONY J REV
 Name:

 Address:
 PO BOX 693
 Address:

 City-St-Zip:
 PUTNAM VALLEY, NY 105790693 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REV MARTIN HOHLFELD PTSD 04/18/2005