

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006550

FILED  
Apr 11, 2007  
Secretary of State

**Entity Name:** ASCENSION ORTHODOX MONASTERY, INC.

**Current Principal Place of Business:**

10211 OAK FOREST DRIVE  
RIVERVIEW, FL 335695974 US

**New Principal Place of Business:**

**Current Mailing Address:**

10211 OAK FOREST DRIVE  
RIVERVIEW, FL 335695974 US

**New Mailing Address:**

**FEI Number:** 59-3543073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOHLFELD, MARTIN REV  
ASCENSION PRIORY  
10211 OAK FOREST DRIVE  
RIVERVIEW, FL 335695974 US

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

HOHLFELD, MARTIN ABBOT  
ASCENSION ORTHODOX MONASTERY  
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: ABBOT MARTIN HOHLFELD

04/11/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: HOHLFELD, MARTIN ABBOT  
Address: 10211 OAK FOREST DRIVE  
City-St-Zip: RIVERVIEW, FL 335695974 US

Title: VPD ( ) Delete  
Name: JOHNSON, SUSAN H  
Address: 10211 OAK FOREST DR  
City-St-Zip: RIVERVIEW, FL 335695974 US

Title: D ( ) Delete  
Name: BONDI, ANTHONY J REV  
Address: PO BOX 693  
City-St-Zip: PUTNAM VALLEY, NY 105790693 US

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ABBOT MARTIN HOHLFELD

PSTD

04/11/2007

Electronic Signature of Signing Officer or Director

Date