

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 2008
Secretary of State

DOCUMENT# N98000006550

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:**1416 WOODSTORK DR
BRANDON, FL 335118344 US**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 ()****Name and Address of Current Registered Agent:**HOHLFELD, MARTIN ABBOT
ASCENSION ORTHODOX MONASTERY
10211 OAK FOREST DRIVE
RIVERVIEW, FL 335695974 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:** 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 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: MARTIN HOHLFELD

PSTD

04/30/2008

Electronic Signature of Signing Officer or Director

Date