

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2004
Secretary of State**

DOCUMENT# N99000004202

Entity Name: THE AUTOCEPHALOUS EASTERN ORTHODOX CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

1103 SHANNON ST.
PLANT CITY, FL 33566

New Principal Place of Business:

1103 SHANNON ST.
PLANT CITY, FL 33563

Current Mailing Address:

P.O. BOX 1107
THONOSASSA, FL 33592

New Mailing Address:

FEI Number: 59-3619367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MISSING, JOHN W
1103 SHANNON ST.
PLANT CITY, FL 33566

Name and Address of New Registered Agent:

MISSING, JOHN W
1103 SHANNON ST.
PLANT CITY, FL 33563

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: _____ Date: 04/05/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MISSING, JOHN W REV FR
Address: 1103 SHANNON ST
City-St-Zip: PLANT CITY, FL 33566

Title: TD () Delete
Name: SHALHUB-DAVIS, MARY
Address: 1702 E LINDA ST
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: MILLER, ALICE
Address: 1906 E SPENCER ST
City-St-Zip: PLANT CITY, FL 33566

Title: VD (X) Delete
Name: TETREALT, MATTHEW C
Address: 28 GLADES AVE
City-St-Zip: LAKE LAND, FL 33815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MISSING, JOHN W MREV
Address: 1103 SHANNON ST
City-St-Zip: PLANT CITY, FL 33563

Title: TD (X) Change () Addition
Name: SHALHUB-DAVIS, MARY
Address: 1702 E LINDA ST
City-St-Zip: PLANT CITY, FL 33563

Title: D (X) Change () Addition
Name: MILLER, ALICE
Address: 1906 E SPENCER ST
City-St-Zip: PLANT CITY, FL 33563

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 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: JOHN W. MISSING PSD Date: 04/05/2004
Electronic Signature of Signing Officer or Director