

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004202

**FILED**  
**Apr 05, 2004**  
**Secretary of State****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: \_\_\_\_\_

04/05/2004

Electronic Signature of Registered Agent

Date

**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

04/05/2004

Electronic Signature of Signing Officer or Director

Date