2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004202

FILED May 12, 2006 Secretary of State

Entity Name: THE AUTOCEPHALOUS EASTERN ORTHODOX CHRISTIAN CHURCH INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
	NNON ST. TY, FL 33563	
urrent M	lailing Address:	New Mailing Address:
O. BOX	1107 ASSA, FL 33592	
	: 59-3619367 FEI Number Applied For (ace with s. 607.193(2)(b), F.S., the corporation) FEI Number Not Applicable () Certificate of Status Desired (X) did not receive the prior notice.
lame and	d Address of Current Registered Ager	nt: Name and Address of New Registered Agent:
	JOHN W	
	NNON ST. TY, FL 33563 US	
LANT CI	TY, FL 33563 US	the purpose of changing its registered office or registered agent, or both,
LANT CI he above the State	TY, FL 33563 US e named entity submits this statement for e of Florida. RE:	
LANT CI he above the Stat IGNATU	TY, FL 33563 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registere	d Agent Date
LANT CI he above i the Stat IGNATU	TY, FL 33563 US e named entity submits this statement for e of Florida. RE:	
LANT CI he above the Stat IGNATU	TY, FL 33563 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registere	d Agent Date
he above the State IGNATU FFICER tle: ame: ddress:	TY, FL 33563 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registere S AND DIRECTORS: PSD () Delete MISSING, JOHN W MREV 1103 SHANNON ST	d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: JOHN W. MISSING PRES 05/12/2006