

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008184

**Entity Name:** OREST AND LIDIA BILOUS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

473 SOUTHCREEK DR  
OSPREY, FL 34229

**Current Mailing Address:**

473 SOUTHCREEK DR  
OSPREY, FL 34229

**FEI Number:** 65-1062193

**Certificate of Status Desired:** No

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

BETTERTON, GREG A  
735 E. VENICE AVENUE  
SUITE 200  
VENICE, FL 34285 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	D
Name	BETTERON, GREG A
Address	735 E. VENICE AVENUE
City-State-Zip:	VENICE FL 34285
Title	D
Name	BILOUS, LIDIA M
Address	473 SOUTHCREEK DR
City-State-Zip:	OSPREY FL 34229
Title	D
Name	BILOUS -OLEXY, ORESTA
Address	10 ASMARA WAY
City-State-Zip:	EASTON CT 06612

Title	D
Name	BILOUS, OREST
Address	473 SOUTHCREEK DR
City-State-Zip:	OSPREY FL 34229
Title	D
Name	BILOUS, MICHAEL W
Address	37 KARLSTADT RD
City-State-Zip:	WINDHAM NY 12496
Title	D
Name	OLEXY, ANDRE
Address	10 ASMARA WAY
City-State-Zip:	EASTON CT 06612

*I hereby 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 all other like empowered.*

**SIGNATURE:** OREST BILOUS

**DIRECTOR**

**01/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date