No. C 115975		Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:	Anı	nual Report Form	V REV FR WILLIAM CALDARONI				
SECRETARY OF STATE	1. Mailing Addre	1. Mailing Address: Correct in this box if needed.		4718 E HORSEHAVEN AVE POST FALLS ID 83854			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	INC.	ST. JOHN THE BAPTIST ANTIOCHIAN ORTHODOX CHURCH, INC. WILLIAM CALDARONI 4718 E HORSEHAVEN AVE					
	4718 E HORSEHAVI			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF POST FALLS ID USA		3854-4658					
4. Corporations: Enter Names and	usiness Addresses of Presi	dent, Secretary, and Directors. Treasurer	(optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT ERIC TOWNSEND		4471 E CANVASBACK AVENUE	POST FALLS	ID	USA	83854	
SECRETARY NEAL SCHAEFER		1563 W. KIDD ISLAND RD	COEUR D'ALENE	ID	USA	83814	
TREASURER MARY WELSH 1285 PALOUSE DRIVE POST FALLS ID USA 83854						83854	
5. Organized Under the Laws of: 6. Annual Report mu		st be signed.*					
ID Signature: Wil		n Caldaroni Date:			06/10/2014		
C 115975	Name (type or prin	Name (type or print): William Caldaroni			Title: Pastor		
ocessed 06/10/2014 * Electronically provided signatures are accepted as original signatures.							