

2002 UNIFORM BUSINESS REPORT (UBR)

0005904

DOCUMENT # 703950

FILED

1. Entity Name

HOLY MOTHER OF GOD GREEK ORTHODOX CHURCH, INC.

02 JAN 17 PM 2:49

Principal Place of Business

Mailing Address

1645 PHILLIPS ROAD
TALLAHASSEE FL 32308

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TALLAHASSEE FL 32308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1709559

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPAGEORGE, MIKE
529 FRANK SHAW RD
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Mike Papageorge
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME VD
STREET ADDRESS TALANTIS, KATHLEEN
CITY-ST-ZIP 2122 GLENNRIDGE
TALLAHASSEE FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600004880126--4
-02/05/02-01040-011
****\$61.25 ****\$61.25

TITLE Delete
NAME P
STREET ADDRESS PAPAGEORGE, MIKE
CITY-ST-ZIP 529 FRANK SHAW RD
TALLAHASSEE FL 32312

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME T
STREET ADDRESS JOANOS, NICHOLAS
CITY-ST-ZIP 2013 MORNING DOVE RD
TALLAHASSEE FL 32312

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME ~~S~~
STREET ADDRESS ~~BOZYNA, GEORGE~~
CITY-ST-ZIP ~~9249 HEATHER HILL LANE~~
~~TALLAHASSEE FL 32308~~

TITLE Change Addition
NAME Sec
STREET ADDRESS WILLIAM NICKAS
CITY-ST-ZIP 13351 Laurel Hill dr
Tallahassee, FL 32309

TITLE Delete
NAME ~~D~~
STREET ADDRESS ~~BARKAS, CHRISTOPHER~~
CITY-ST-ZIP ~~7120 HERITAGE RIDGE RD~~
~~TALLAHASSEE FL 32312~~

TITLE Change Addition
NAME Director
STREET ADDRESS Glenn Perrigan
CITY-ST-ZIP 1924 SAGEWAY dr.
320 32303

TITLE Delete
NAME D
STREET ADDRESS STOUMBELIS, PETER
CITY-ST-ZIP 4032 MCLAUGHLIN DR
TALLAHASSEE FL 32308

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Mike Papageorge
RECEIVED

1/21/02

CR2E037 (9/01)