

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0065379

DOCUMENT # 769185

1. Entity Name

ST. ELIZABETH GREEK ORTHODOX CHURCH OF GAINESVILLE, INC.

02-07-2002 90019 034 ****61.25

Principal Place of Business

Mailing Address

5129 NW 53 AVENUE
 GAINESVILLE FL 32653
 US

5129 NW 53 AVENUE
 GAINESVILLE FL 32653
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

29-2461060

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

ISSA, R R
 2129 SW 78TH TERR
 GAINESVILLE FL 32607

Name **Rev. Michael G. Monos**

Street Address (P.O. Box Number is Not Acceptable)
5129 NW 53 Avenue

City **Gainesville**

FL

Zip Code **32653**

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 **Rev. Michael G. Monos**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/2002

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARBILAS, WILLIAM	
STREET ADDRESS	2922 NW 38TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ISSA, R. RAYMOND	
STREET ADDRESS	2129 SW 78 TER	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REX, VINCENT	
STREET ADDRESS	3415 NW 27TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	GEORGIOV, ACHILLES	
STREET ADDRESS	3905 SW 95TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rex, Vincent	
STREET ADDRESS	3415 NW 27th AV	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Georgiov, Achilles	
STREET ADDRESS	3905 SW 95th TERR	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caranos, Constance	
STREET ADDRESS	2606 NW 27th Terrace	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Agrios, Anthony	
STREET ADDRESS	222 SW 131st Street	
CITY-ST-ZIP	Town of Titus, FL 32669	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE: **Achilles Georgiov** 1/22/02 352332-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)