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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755397

1. Corporation Name

ST. SOPHIA GREEK ORTHODOX COMMUNITY

Principal Place of Business

2401 S.W. 3RD AVENUE
MIAMI FL 33129-2030

Mailing Address

244 S.W. 24TH ROAD
MIAMI FL 33129
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/05/1980
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-0711183
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
Country	Country	30

9. Name and Address of Current Registered Agent

DEMOS, ANGELO P.
1101 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE PD
NAME HARALAMBIDES, JOHN
STREET ADDRESS 901 VENETIAN DR
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE VPD
NAME MARTINI, GREGORY T
STREET ADDRESS 1248 SOROLLA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TD
NAME PREVOLIS, STEVE
STREET ADDRESS 151 CRANDON BLVD., APT. 625
CITY-ST-ZIP KEY BISCAYNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. PRESIDENT/DIRECTOR OFFICERS AND DIRECTORS IN 12

1.1 TITLE JOHN C. SCURTIS
1.2 NAME 3065 BATTERSEA RD
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP COCONUT GROVE FL 33133

2.1 TITLE TD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VPD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)