

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769185

**Entity Name:** ST. ELIZABETH GREEK ORTHODOX CHURCH OF GAINESVILLE, INC.**Current Principal Place of Business:**5129 NW 53 AVENUE  
GAINESVILLE, FL 32653**Current Mailing Address:**5129 NW 53 AVENUE  
GAINESVILLE, FL 32653 US**FEI Number: 59-2455465****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAYERNICK, FRANK P REV  
5129 NW 53RD AVE  
GAINESVILLE, FL 32653 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	PRESIDENT
Name	THIEKE, ADRIENNE
Address	1309 SW 101ST ST
City-State-Zip:	GAINESVILLE FL 32607

Title	TREASURER
Name	CARROLL, JOSEPH JAMES
Address	9000 NW 27TH PL
City-State-Zip:	GAINESVILLE FL 32606

Title	ASST. TREASURER
Name	WILLIAMSON, ETHAN JAMES
Address	1600 NW 4TH AVE APT 12
City-State-Zip:	GAINESVILLE FL 32603

Title	SECRETARY
Name	RUMMLER, JASON
Address	4229 NW 43RD STREET APT E35
City-State-Zip:	GAINESVILLE FL 32606
Title	VP
Name	MAMANGAKIS, PANAGIOTES
Address	700 SW 16TH AVENUE APT 111
City-State-Zip:	GAINESVILLE FL 32601

*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: JOSEPH J. CARROLL****TREASURER****03/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date