

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

DOCUMENT# N10000009733

**Entity Name:** SAINT PETER ANTIOCHIAN ORTHODOX CHURCH, INC.

**Current Principal Place of Business:**

24850 OLD 41 RD.  
SUITE 6  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

24850 OLD 41 RD  
SUITE 6  
NAPLES, FL 34135 US

**FEI Number:** 80-0656355

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LONG, JOHN EJR.  
5008 MAXWELL CIRCLE UNIT 201  
NAPLES, FL 34105 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:** JOHN E LONG JR

01/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LONG, JOHN EJR.  
Address 5008 MAXWELL CIRCLE UNIT 201  
City-State-Zip: NAPLES FL 34105

Title TREASURER  
Name LONG, JOHN E JR.  
Address 5008 MAXWELL CIRCLE UNIT 201  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name GREKOS, ZANNOS  
Address 16373 ABERDEEN WAY  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name SOVJANI, THOMA  
Address 1547 WINDEMERE LANE  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name LONG, ANGELA  
Address 5008 MAXWELL CIRCLE UNIT 201  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name TEUFEL, ANTHEA  
Address 3263 ATLANTIC CIRCLE  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name SIMON, JOHN  
Address 5471 HARBORAGE DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name FORDERHASE, NANCY  
Address 1805 TARPON BAY BLVD S  
City-State-Zip: NAPLES FL 34119

**Continues on page 2**

*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:** JOHN SIMON

DIRECTOR

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           COPELAND, MARY  
Address        12790 HUNTERS RIDGE DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           HALEY, TOM  
Address        23035 SANABRIA LOOP  
City-State-Zip: BONITA SPRINGS FL 34135