## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009733

Entity Name: SAINT PETER ANTIOCHIAN ORTHODOX CHURCH, INC.

**FILED** Mar 02, 2016 **Secretary of State** CC5693794620

## **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. 204 CHESHIRE WAY NAPLES, FL 34110 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title Р

LONG. JOHN EJR. HANSON, JOHN Name Name Address 204 CHESHIRE WAY Address 7500 TREELINE DR. NAPLES FL 34119 City-State-Zip: NAPLES FL 34110 City-State-Zip:

Title **TREASURER** Title DIRECTOR JARVIS, MARY Name LONG, JOHN E JR. Name 204 CHESHIRE WAY Address 5678 SAGO CT. Address City-State-Zip: NAPLES FL 34110

Title **DIRECTOR** Title DIRECTOR

Name GREKOS, ZANNOS Name SMITH, BOB

Address 9240 BONITA BEACH RD Address 11249 LITHGOW LANE

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: FORT MYERS FL 33913

Title **DIRECTOR** 

Name FORDERHASE, NANCY Address 1805 TARPON BAY DRIVE, S

NAPLES FL 34119

City-State-Zip: NAPLES FL 34119

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.

03/02/2016 SIGNATURE: JOHN E. LONG JR. **PRESIDENT**