

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009733

Entity Name: SAINT PETER ANTIOCHIAN ORTHODOX CHURCH, INC.**Current Principal Place of Business:**7470 HICKORY DRIVE
FORT MYERS, FL 33967**Current Mailing Address:**7470 HICKORY DRIVE
FORT MYERS, FL 33967 US**FEI Number:** 80-0656355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LONG, JOHN EJR.
5008 MAXWELL CIRCLE
#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

02/17/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	LONG, JOHN EJR.
Address	5008 MAXWELL CIRCLE #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	LONG, ANGELA
Address	204 CHESHIRE WAY
City-State-Zip:	NAPLES FL 34110

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

Title	TREASURER
Name	LONG, JOHN E JR.
Address	204 CHESHIRE 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	TEUFEL, ANTHEA
Address	3263 ATLANTIC CIRCLE
City-State-Zip:	NAPLES FL 34119

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

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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

CO PRESIDENT

02/17/2022

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