

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

100001774711
-04/10/96--01006--029
***61.25

DOCUMENT # **701821** (1)

1. Corporation Name

**SAINT BARBARA GREEK ORTHODOX CHURCH OF THE GREEK
ORTHODOX COMMUNITY OF MANASOTA, INC.**



Principal Place of Business

7671 N. LOCKWOOD RIDGE RD.
SARASOTA FL 34243-4931
US

Mailing Address

7671 N LOCKWOOD RIDGE RD
SARASOTA FL 34243-4931
US

3. Date Incorporated or Qualified
12/21/1960

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-6136818

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE P PATELLIS
4708 GULF DR
HOLMES BEACH FL 34217**

81 Name **Alex Blair**
82 Street Address (P.O. Box Number is Not Acceptable)
1458 MARLIN ST.
83
84 City **Nokomis** FL 85 Zip Code **34275**

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

Alex Blair

Alex Blair

3-10-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PATELLIS, GEORGE	
STREET ADDRESS	4708 GULF DR	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEVOS, MARIA	
STREET ADDRESS	7703 13TH AVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SARDELIS, NICHOLAS P	
STREET ADDRESS	2417 VALENCIA DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OLENICK, JOHN	
STREET ADDRESS	5500 MERRIMAC DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARAMETA, GEORGE	
STREET ADDRESS	2407 WHIPPOWILL CT	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, AUGUST V DR	
STREET ADDRESS	5521 INVERNESS DR	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alex Blair	
1.3 STREET ADDRESS	1458 MARLIN ST.	
1.4 CITY-ST-ZIP	Nokomis FL 34275	
2.1 TITLE	VICE PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STRATTON NICOIAIDES	
2.3 STREET ADDRESS	4193 LAS PALMAS WAY	
2.4 CITY-ST-ZIP	SARASOTA, FL 34238	
3.1 TITLE	TREASURER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sophia Dilles	
3.3 STREET ADDRESS	1116 79TH ST. NW.	
3.4 CITY-ST-ZIP	BRADENTON, FL 34209	
4.1 TITLE	SECRETARY, RECORDING D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALTHAIA VITIKOS	
4.3 STREET ADDRESS	2376 HYDE PARK	
4.4 CITY-ST-ZIP	SARASOTA, FL 34239	
5.1 TITLE	SECRETARY, CORRESPONDING D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARIA KIRLANGITIS	
5.3 STREET ADDRESS	9228 WOOD MEADOW LOOP	
5.4 CITY-ST-ZIP	BRADENTON, FL 34202	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LOUIS A. VOSE	
6.3 STREET ADDRESS	327 BOB WHITE WAY	
6.4 CITY-ST-ZIP	SARASOTA, FL 34236 JR	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

3-10-96 941-485-5905

CR2E037 (12/95)