

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **701821** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

12/21/1960

4. FEI Number

59-6136818

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILLES, SOPHIA
1116 79TH ST N.W.
BRADENTON FL 34209**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

SOPHIA DILLES

TREASURER

2-10-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **STRATTON, J. N**
STREET ADDRESS **4193 LAS PALMS WAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** ☐ DELETE

NAME **JOHNSON, ALAN**
STREET ADDRESS **8603 54TH AVE W.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **TD** ☐ DELETE

NAME **DILLES, SOPHIA**
STREET ADDRESS **1116 79TH STREET N.W.**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **DS** ☒ DELETE

NAME **SOKOS, LISA**
STREET ADDRESS **1307 82ND ST.N.W.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **SD** ☐ DELETE

NAME **KIRLANGITIS, MARIA**
STREET ADDRESS **9228 WOOD MEADOW LOOP**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **AT** ☐ DELETE

NAME **OLENICK, JOHN**
STREET ADDRESS **5500 MERRIMAC DR.**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Assistant Treasurer
STRATAKES, Greg
1195 Russell Ave.
Sarasota, FL 34232**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sophia Dilles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sophia Dilles

Date

2/10/98

Daytime Phone # **941-355-2616**

CR2E037 (10/97)