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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701821

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/21/1960

4. FEI Number

59-6136818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(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 **8800 54TH AVE W.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **TO ASSIST. TREAS** ☐ DELETE
NAME **DILLES, SOPHIA**
STREET ADDRESS **1116 79TH STREET N.W.**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **T** ☒ DELETE
NAME **STRATAKES, GREG**
STREET ADDRESS **1195 RUSSELL AVE**
CITY-ST-ZIP **SARASOTA FL 34232**

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 **CHARLES ROSTOPOULOS** ☐ Change ☒ Addition
1.2 NAME **4055 LOSILLAS DR**
1.3 STREET ADDRESS **SARASOTA FL 34238**
1.4 CITY-ST-ZIP **TREAS.**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **MIKE KARAS**
2.3 STREET ADDRESS **1860 PHILLIP ST**
2.4 CITY-ST-ZIP **SARASOTA FL 34232**

3.1 TITLE **DILLES SOPHIA** ☒ Change ☐ Addition
3.2 NAME **1116 79th ST NW**
3.3 STREET ADDRESS **BRADENTON FL 34209**
3.4 CITY-ST-ZIP **ASSIST. TREAS**

4.1 TITLE **SECRETARY, RECORDING** ☐ Change ☒ Addition
4.2 NAME **TINA WHYTE**
4.3 STREET ADDRESS **415 75th ST**
4.4 CITY-ST-ZIP **BRADENTON FL 34205**

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, with all other like empowered.

SIGNATURE:

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

Date

1-22-99

Daytime Phone #

941-355-2616

CR2E037 (11/98)