

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90019 038 ****61.25

DOCUMENT # 701821

1. Entity 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

94046354



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6136818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SMITH, BOB~~
~~903 NANCY GAMBLE LANE~~
~~ELLENTON FL 34222~~

Name

DENISE CHIMBOS

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

2619 DICK WILSON DR

SARASOTA

City

FL

Zip Code

34234

8. 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. I am familiar with, and accept the obligations of registered agent.

Denise D. Chimbos
DENISE CHIMBOS, PRES. 4/4/04

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
SMITH, BOB
903 NANCY GAMBLE LANE
ELLENTON FL 34222 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
HADAVAS, PHIL
6938 MYSTIC LN
SARASOTA FL 34243 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OLENICK, JOHN
5500 MERRIMAC
SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHIMBOS, DENISE
2619 DICK WILSON DRIVE
SARASOTA FL 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BUTTS, HAROLD
6124 43RD AVE W #A-103
BRADENTON FL 34207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SR
KREIDLER, STEVE
5410 MATTHEW CT
SARASOTA FL 34231 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRES. ☐ Change ☒ Addition
TONY DERTOUZOS
745 132ND ST CIR NE
BRADENTON FL 34212

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASSIST. TREASURER
HENRY ROMO
7768 HOLIDAY DR
SARASOTA FL 34231 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
DONNA LAINE
7660 HARRINGTON
BRADENTON FL 34202 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REC. SECRETARY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Denise D. Chimbos* **DENISE D. CHIMBOS** 4/4/04 941-355-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #