

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2011  
Secretary of State**

DOCUMENT# 701860

**Entity Name:** ST. DEMETRIOS GREEK ORTHODOX COMMUNITY OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

815 N E 15TH AVENUE  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

815 N E 15TH AVENUE  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 59-1235704      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLS, CHRISTOPHER  
20 ROYAL PALM WAY  
#501  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NICHOLS, CHRISTOPHER  
Address: 20 ROYAL PALM WAY, #501  
City-St-Zip: BOCA RATON, FL 33432

Title: TD  
Name: RAPANOS, DEMETRIOS  
Address: 4904 SW 38TH WAY  
City-St-Zip: HOLLYWOOD, FL 33312

Title: VD  
Name: GEORGAKAKIS, GEORGE  
Address: 30 CAYUGA ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: SD  
Name: MICHAELIDES, MEDON  
Address: 1028 PINE BRANCH COURT  
City-St-Zip: WESTON, FL 33326

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: CHRISTOPHER NICHOLS

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04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date