
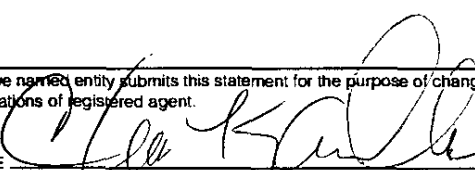
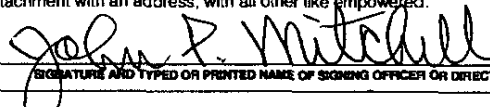


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90071 032 ****61.25

DOCUMENT # 702372 1. Entity Name ST. JOHN GREEK ORTHODOX CHURCH OF TAMPA, INC.					
Principal Place of Business NC 2418 SWANN AVENUE TAMPA, FL 33609			Mailing Address PO BOX 271828 TAMPA, FL 33688-1828 2418 SWANN AVE TAMPA FL 33609		
2. Principal Place of Business 2418 SWANN AVENUE Suite, Apt. #, etc.		3. Mailing Address ← SAME Suite, Apt. #, etc.			
City & State Tampa Florida		City & State		4. FEI Number 59-1170684	
Zip 33609		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAVOUKLIS, CHRIS M ESQ 115 S NEWPORT AVE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name ← SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME PALOUMPIS, ANDREW STREET ADDRESS 637 ONTERIO AVE CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE P NAME JOHN MITCHELL STREET ADDRESS 13914 PEPPERELL DR. CITY-ST-ZIP TAMPA, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME KAVOUKLIS, CHRIS STREET ADDRESS 2601 JETTON AVE CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MITCHELL, JOHN STREET ADDRESS 13914 PEPPERELL DR CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE RD NAME MINGLEDORFF, KALLY STREET ADDRESS 10323 RECLINATA LANE CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE RD NAME ELLEN KARAKU STREET ADDRESS 4610 S. FERDINAND AVE CITY-ST-ZIP TAMPA FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ROGERS, ARIS STREET ADDRESS 3407 SYLVAN SHADOW DR CITY-ST-ZIP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		TITLE NAME Peter DINIACD TD STREET ADDRESS 812 S. WEST SHORE CITY-ST-ZIP TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME RIVERS, DINA STREET ADDRESS 5116 SOUTHSORE DR CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/31/05 <small>Date</small>		
<small>Daytime Phone #</small>					