2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702372

FILED Apr 26, 2007 Secretary of State

Entity Name: ST. JOHN GREEK ORTHODOX CHURCH OF TAMPA INC

,		ORLER ORTHODOX OF OR	011 01 17 111 7 1, 1110		
Current Principal Place of Business:			New Principal Place of Business:		
	VANN AVENU 336094712	E			
Current Mailing Address:			New Mailing Address:		
	VANN AVENU 336094712	E			
FEI Number: 59-1170684 FEI Number Applied For()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
212 ROSAN	AKIS, NICHOL NA DRIVE , FL 33511631				
The above in the State		ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BOUGAS, CONS 14205 CLARENI TAMPA, FL 336	DON DRIVE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BOUGAS, CONSTANTINE T 14205 CLARENDON DRIVE TAMPA, FL 336242626	
Title: Name: Address: City-St-Zip:	VD () KARAKU, ELLEN 4610 S. FERDIN TAMPA, FL 336	AND AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RD () SIBLEY, DESPII 1808 W. RICHAI TAMPA, FL 336	RDSON PLACE	Title: Name: Address: City-St-Zip:	RD (X) Change () Addition GALANIS, SARAH 29955 PLAYE DEL REY LANE WESLEY CHAPEL, FL 335436790	
Title: Name: Address: City-St-Zip:	TD () JOLLY, JAMES 4901 W. SAN JO TAMPA, FL 336	SE STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RIVERS, DINA 5116 SOUTHSH	Delete ORE DRIVE HEY, FL 346528010	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition MANOLAKOS, FOTINI 175 2ND STREET S. APT.#913 ST. PETERSBURG, FL 337014319	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NICHOLAS C. ANDREADAKIS ADM. 04/26/2007