

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90163 042 ****61.25

DOCUMENT # 702372

1. Entity Name
ST. JOHN GREEK ORTHODOX CHURCH OF TAMPA, INC.



Principal Place of Business
NC.
2418 W. SWANN AVENUE
TAMPA, FL 33609-4712

Mailing Address
NC.
2418 W. SWANN AVENUE
TAMPA, FL 33609-4712

400945063



04212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1170684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANDREADAKIS, NICHOLAS C PHD
212 ROSANA DRIVE
BRANDON, FL 33511-6314

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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 **P** ☒ Delete
NAME **BOUGAS, CONSTANTINE T**
STREET ADDRESS **14205 CLARENDON DRIVE**
CITY-ST-ZIP **TAMPA, FL 336242626**

TITLE **VD** ☒ Delete
NAME **KARAKU, ELLEN**
STREET ADDRESS **4610 S. FERDINAND AVENUE**
CITY-ST-ZIP **TAMPA, FL 336112709**

TITLE **RD** ☐ Delete
NAME **GALANIS, SARAH**
STREET ADDRESS **29955 PLAYE DEL REY LANE**
CITY-ST-ZIP **WESLEY CHAPEL, FL 335436790**

TITLE **TD** ☒ Delete
NAME **JOLLY, JAMES R**
STREET ADDRESS **4901 W. SAN JOSE STREET**
CITY-ST-ZIP **TAMPA, FL 336296437**

TITLE **CD** ☐ Delete
NAME **MANOLAKOS, FOTINI**
STREET ADDRESS **175 2ND STREET S. APT.#913**
CITY-ST-ZIP **ST. PETERSBURG, FL 337014319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Katherine Sakki**
STREET ADDRESS **760 Gran Kaymen way**
CITY-ST-ZIP **Apollo Beach, FL 33572**

TITLE **VP** ☐ Change ☐ Addition
NAME **Michael Ev De Mon**
STREET ADDRESS **10563 Greencrest Dr.**
CITY-ST-ZIP **TAMPA FL 33626**

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

TITLE **VP** ☒ Change ☐ Addition
NAME **John KOKKAS**
STREET ADDRESS **110 E. PALM AVE # 11-112**
CITY-ST-ZIP **TAMPA FL 33605**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature] *Michael A. Epdema*

2/25/08

Date

Daytime Phone #