2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702372

FILED Apr 21, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

NC.

2418 W. SWANN AVENUE TAMPA, FL 336094712

Current Mailing Address: New Mailing Address:

NC.

2418 W. SWANN AVENUE TAMPA, FL 336094712

FEI Number: 59-1170684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANDREADAKIS, NICHOLAS C PHD 212 ROSANA DRIVE BRANDON, FL 335116314 US ANDREADAKIS, NICHOLAS C PHD 2418 W. SWANN AVENUE TAMPA, FL 336094712 US

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: NICHOLAS C. ANDREADAKIS 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SAKKIS, KATHERINE SAKKIS, KATHERINE

Address: 760 GRAN KAYMEN WAY

City-St-Zip: APOLLO BEACH, FL 33572

Address: 760 GRAN KAYMEN WAY

City-St-Zip: APOLLO BEACH, FL 335722438 HI

Title: VD () Delete Title: VD (X) Change () Addition

Title: RD () Delete Title: RD (X) Change () Addition Name: GALANIS, SARAH Name: TINA, MANOLAKOS

 Address:
 29955 PLAYE DEL REY LANE
 Address:
 175 2ND STREET SOUTH, APT. #913

 City-St-Zip:
 WESLEY CHAPEL, FL 335436790
 City-St-Zip:
 ST. PETERSBURD, FL 337014319 PI

Title: T () Delete Title: T (X) Change () Addition

Name: KOKKAS, JOHN Name: KOKKAS, JOHN
Address: 1910 E PALM AVENUE, SUITE #11-112 Address: 1910 E PALM AVENUE, SUITE #11-112

City-St-Zip: TAMPA, FL 33605 City-St-Zip: TAMPA, FL 336053819 HI

Title: CD (X) Delete Title: () Change () Addition

 Name:
 MANOLAKOS, FOTINI
 Name:

 Address:
 175 2ND STREET S. APT.#913
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 337014319
 City-St-Zip:

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: KATHERINE SAKKIS P 04/21/2009