

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90022 002 ****61.25

DOCUMENT # 703950	
1. Entity Name HOLY MOTHER OF GOD GREEK ORTHODOX CHURCH, INC.	

Principal Place of Business 1645 PHILLIPS ROAD TALLAHASSEE, FL 32308	Mailing Address 1645 PHILLIPS ROAD TALLAHASSEE, FL 32308
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50022499



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07092006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1709559		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WERNKE, MIKE PRES 534 MEADOW RIDGE DR TALLAHASSEE, FL 32312		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 _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee Is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR GEEKER, VAN 5091 CENTENNIAL OAKS TALLAHASSEE, FL 32308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOUMBELIS, PETER 4032 MELROUGHLIN DRIVE TALLAHASSEE, FL 32309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERNKE, MIKE 534 MEADOW RIDGE DR TALLAHASSEE, FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAVALIS, JANET 1149 CIRCLE DRIVE TALLAHASSEE, FL 32301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVALIS, JANET 1149 CIRCLE DRIVE TALLAHASSEE, FL 32301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICRAS, WILLIAM 13351 LAUREL HILL DR. TALLAHASSEE, FL 32309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOANOS, NICHOLAS 2013 MORNING DOVE ROAD TALLAHASSEE, FL 32312 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRIGAN, GLEN 1924 SAGE WAY DRIVE TALLAHASSEE, FL 32303 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TI KOIKOS, PETE 3317 CHARLESTON ROAD TALLAHASSEE, FL 32309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPAGEORGE, MIKE 529 FRANK SHAW RD. TALLAHASSEE, FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: PETE KOIKOS **7-11-06** **668-7744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #