

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90069 044 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**PAPAGEORGE, MIKE  
529 FRANK SHAW RD  
TALLAHASSEE FL 32312**

Name **Nickas, William**

Street Address (P.O. Box Number is Not Acceptable)  
**13351 Laurel Hill Dr.**

City **Tallahassee**

**FL**

Zip Code  
**32309**

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **TALANTIS, KATHLEEN**  
STREET ADDRESS **2122 GLENNRIDGE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Mike Wernke**  
STREET ADDRESS **534 Meadow Ridge Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **P** ☒ Delete  
NAME **PAPAGEORGE, MIKE**  
STREET ADDRESS **529 FRANK SHAW RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **S** ☐ Change ☒ Addition  
NAME **Roulla Myers**  
STREET ADDRESS **1314 Silver Moon Court**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **T** ☒ Delete  
NAME **JOANOS, NICHOLAS**  
STREET ADDRESS **2013 MORNING DOVE RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Change ☐ Addition  
NAME **George Azar**  
STREET ADDRESS **4046 High Ridge Park**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **S** ☐ Delete  
NAME **NICKAS, WILLIAM**  
STREET ADDRESS **13351 LAUREL HILL DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE **P** ☒ Change ☐ Addition  
NAME **William Nickas**

TITLE **D** ☐ Delete  
NAME **PERRIGAN, GLENN**  
STREET ADDRESS **1924 SAGE WAY DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **T** ☒ Change ☐ Addition  
NAME **Glen Perrigan**

TITLE **D** ☒ Delete  
NAME **STOUMBELIS, PETER**  
STREET ADDRESS **4032 MCLAUGHLIN DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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 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:

**Glenn Perrigan** 1/19/03 8502458749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)