

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722094 (0)

1. Corporation Name

ST. JOHN THE THEOLOGIAN GREEK ORTHODOX CHURCH, I NC.



Principal Place of Business

Mailing Address

136 BALDWINN ROAD
PO BOX 1933
PANAMA CITY FL 32402

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PO BOX 1933
PANAMA CITY FL 32402

3. Date Incorporated or Qualified **11/15/1971** 3a. Date of Last Report **01/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2588026

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATRONIS, JIMMY T
3144 NORTH KINGS DRIVE
PANAMA CITY FL 32405**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PATRONIS, JIMMY	
STREET ADDRESS	3144 N. KINGS DR.	
CITY - ST - ZIP	PANAMA CITY, FL 32405	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRACOS, TED	
STREET ADDRESS	1246 AMHERST RD.	
CITY - ST - ZIP	PANAMA CITY FL 32405	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOLFF, GILBERT	
STREET ADDRESS	7012 BENTON DR.	
CITY - ST - ZIP	PANAMA CITY, FL 32404	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PATRONIS, HELEN	
STREET ADDRESS	3144 N. KINGS DR.	
CITY - ST - ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SABOCHICK, JOHN	
STREET ADDRESS	RT 1 BOX 127	
CITY - ST - ZIP	FOUNTAIN FL 32438	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE, ATHENA	
STREET ADDRESS	395 WAHOO RD., P.O. BOX 27039	
CITY - ST - ZIP	PANAMA CITY FL 32411	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jimmy T. Patronis

1/15/96

904-763-6662

CR2E037 (12/95)