


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

**FILED**

**Jan 21 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722094 (0)**  
1. Corporation Name  
**ST. JOHN THE THEOLOGIAN GREEK ORTHODOX CHURCH, I NC.**



Principal Place of Business <b>136 BALDWINN ROAD PO BOX 1833 PANAMA CITY FL 32402</b>	Mailing Address <b>136 BALDWINN ROAD PO BOX 1833 PANAMA CITY FL 32402-1933</b>
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3. Date Incorporated or Qualified <b>11/15/1971</b>	3a. Date of Last Report <b>01/24/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>32405</b> Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number <b>59-2588026</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**PATRONIS, JIMMY T  
3144 NORTH KINGS DRIVE  
PANAMA CITY FL 32405**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>David Russo</b>	
3.3 STREET ADDRESS	<b>126 Queens Circle</b>	
3.4 CITY - ST - ZIP	<b>Panama City, Fla 32405</b>	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. Patronis* (PRINTED)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/10/97 904-763-6662**  
Date Daytime Phone #0000000

CR2E037 (9/96)