


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 136 BALDWIN ROAD PO BOX 1933 PANAMA CITY FL 32402	Mailing Address 136 BALDWIN ROAD PO BOX 1933 PANAMA CITY FL 32402
---	---

3. Date Incorporated or Qualified 11/15/1971	Applied For 59-2588026	Not Applicable
--	----------------------------------	----------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

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 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 *J. Patronis* (NOTE: Registered Agent signature required when reinstating) DATE **1/14/98**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP P PATRONIS, JIMMY 3144 N. KINGS DR. PANAMA CITY, FL 32405	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP V DRACOS, TED 1246 AMHERST RD. PANAMA CITY FL 32405	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 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
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D RUSSO, DAVID 126 QUEENS CIRCLE PANAMA CITY FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 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
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TD PATRONIS, HELEN 3144 N. KINGS DR. PANAMA CITY FL 32405	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 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
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D SABOCHICK, JOHN RT 1 BOX 127 FOUNTAIN FL 32438	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D GEORGE MARIS 1803 CLAY AVE PANAMA CITY, FL 32405
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D GEORGE, ATHENA 395 WAHOO RD., P.O. BOX 27039 PANAMA CITY FL 32411	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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* **REINSTATED TO PATRONIS 1/14/98 850-763-6662**

CR2E037 (10/97)