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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722094

1. Corporation Name

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

Principal Place of Business

136 BALDWINN ROAD
PO BOX 1933
PANAMA CITY FL 32402

Mailing Address

136 BALDWINN ROAD
PO BOX 1933
PANAMA CITY FL 32402

DEPARTMENT OF STATE



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified
11/15/1971

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

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 R D D DELETE
NAME PATRONIS, JIMMY
STREET ADDRESS 3144 N. KINGS DR.
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE P D DELETE
NAME DRACOS, TED
STREET ADDRESS 1246 AMHERST RD.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE P P DELETE
NAME RUSSO, DAVID
STREET ADDRESS 126 QUEENS CIRCLE
CITY-ST-ZIP PANAMA CITY FL

TITLE TD DELETE
NAME PATRONIS, HELEN
STREET ADDRESS 3144 N. KINGS DR.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D DELETE
NAME ~~MARIS, GEORGE~~
STREET ADDRESS 1803 CLAY AVE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D DELETE
NAME GEORGE, ATHENA
STREET ADDRESS 395 WAHOO RD., P.O. BOX 27039
CITY-ST-ZIP PANAMA CITY FL 32411

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Jesse Sorrells ✓
2832 Harrison Ave #D
Panama City, Fla 32405

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Jimmy Patronis* SIGNATURE REQUIRED

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

857-763-6662

Daytime Phone #

CR2E037 (1/98)