

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722094

1. Entity Name

ST. JOHN THE THEOLOGIAN GREEK ORTHODOX CHURCH, I

Principal Place of Business

Mailing Address

136 BALDWINN ROAD
PO BOX 1933
PANAMA CITY FL 32402

136 BALDWINN ROAD
PO BOX 1933
PANAMA CITY FL 32402-1933

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2588026

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

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

Name

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

City

FL

Zip Code

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	DRACOS, TED	
STREET ADDRESS	1246 AMHERST RD.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSO, DAVID	
STREET ADDRESS	126 QUEENS CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
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	SORRELLS, JESSE	
STREET ADDRESS	2832 HARRISON AVE D	
CITY-ST-ZIP	PANAMA CITY FL 32405	
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	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmy Patronis	
STREET ADDRESS	3144 N Kings Dr.	
CITY-ST-ZIP	Panama City Fla 32405	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Callie Bryant	
STREET ADDRESS	457 Sudduth Ave	
CITY-ST-ZIP	Panama City, Fla 32401	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russo David	
STREET ADDRESS	126 queens circle	
CITY-ST-ZIP	Panama city, Fl 32405	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patronis, Helen	
STREET ADDRESS	3144 N Kings Dr.	
CITY-ST-ZIP	Panama City Fla 32405	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sorrells, Jesse	
STREET ADDRESS	2832 Harrison Ave D	
CITY-ST-ZIP	Panama City, Fla 32405	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George, Athena	
STREET ADDRESS	395 Wahoo Rd. P.O. Box 27039	
CITY-ST-ZIP	Panama City, Fla 32411	

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: *Jimmy T. Patronis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90003 022 ****61.25



DO NOT WRITE IN THIS SPACE

0001010

1-22-2000 850(763-611