

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90044 011 ****61.25

DOCUMENT # 722094

1. Entity Name

ST. JOHN THE THEOLOGIAN GREEK ORTHODOX CHURCH, I

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

2. Principal Place of Business

136 Baldwin Road

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1933

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

USA

Zip

32402

Country

USA

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

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

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<i>DP</i>	PATRONIS, JIMMY	3144 N. KINGS DR.	PANAMA CITY, FL 32405	<input type="checkbox"/>
D	BRYANT, CALLIE	457 SUDDUTH AVE	PANAMA CITY FL 32401	<input type="checkbox"/>
<i>PD</i>	RUSSO, DAVID	126 QUEENS CIRCLE	PANAMA CITY FL 32405	<input type="checkbox"/>
TD	PATRONIS, HELEN	3144 N. KINGS DR.	PANAMA CITY FL 32405	<input type="checkbox"/>
D	SORRELLS, JESSE	2832 HARRISON AVE D	PANAMA CITY FL 32405	<input type="checkbox"/>
D	GEORGE, ATHENA	395 WAHOO RD., P.O. BOX 27039	PANAMA CITY FL 32411	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>S Hall, Chms</i>	<i>2102 Sutherland Rd.</i>	<i>Lynn Haven, FLA 32444</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *J. Patronis* **REQUIRE** *J. Patronis* **1/22/01** **850-763-6662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)