

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90050 006 \*\*\*\*61.25

**DOCUMENT # 722094**

1. Entity Name

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

Principal Place of Business

Mailing Address

**136 BALDWINN ROAD  
 PANAMA CITY FL 32402**

**P O BOX 1933  
 PANAMA CITY FL 32402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2588026**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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	<b>D</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>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRYANT, CALLIE</b>	
STREET ADDRESS	<b>457 SUDDUTH AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RUSSO, DAVID</b>	
STREET ADDRESS	<b>126 QUEENS CIRCLE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>SP</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>S</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, CHRIS</b>	
STREET ADDRESS	<b>2102 SUTHERLAND RD</b>	
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</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>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **REIMMUT. PATRONIS** 1/16/02 850-763-6662  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)