


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 722094					
1. Entity Name ST. JOHN THE THEOLOGIAN GREEK ORTHODOX CHURCH, INC.					
Principal Place of Business 136 BALDWINN ROAD PANAMA CITY FL 32402			Mailing Address 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		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2588026	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRONIS, JIMMY			NAME	
STREET ADDRESS	3144 N. KINGS DR.			STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405			CITY-ST-ZIP	U00000031837 02/04/04-80164-021 61.25
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, CALLIE			NAME	
STREET ADDRESS	457 SUDDUTH AVE			STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, DAVID			NAME	
STREET ADDRESS	207 HOLLIS AVE.			STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-ST-ZIP	
TITLE	I	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRONIS, HELEN			NAME	
STREET ADDRESS	3144 N. KINGS DR.			STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CHRIS			NAME	
STREET ADDRESS	1503 THURSO RD.			STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDON, PAUL			NAME	
STREET ADDRESS	4425 VISTA LANE			STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444			CITY-ST-ZIP	



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/22/2004** **850-763-6662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #