

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 722094

1. Entity Name

ST. JOHN THE THEOLOGIAN GREEK ORTHODOX
CHURCH, INC.



Principal Place of Business

Mailing Address

136 BALDWIN ROAD
PANAMA CITY FL 32402

P O BOX 1933
PANAMA CITY FL 32402



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jimmy T. Patronis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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 ☐ Delete
NAME PATRONIS, JIMMY
STREET ADDRESS 3144 N. KINGS DR.
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000725101
CITY-ST-ZIP 05/03/07-80008-023 61.25

TITLE D ☐ Delete
NAME BRYANT, CALLIE
STREET ADDRESS 457 SUDDUTH AVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STRONG, RAYMOND
STREET ADDRESS 2332 TRINITY ST
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PATRONIS, HELEN
STREET ADDRESS 3144 N. KINGS DR.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME FOTKULA, SLAUGHTER
STREET ADDRESS 224 WOODLAWN DR
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CORDON, PAUL
STREET ADDRESS 4425 VISTA LANE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

JIMMY T. PATRONIS

1/30/07

850-763-6662