

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90078 035 ****61.25

DOCUMENT # 722094

1. Entity Name

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



Principal Place of Business

**136 BALDWINN ROAD
PANAMA CITY FL 32402**

Mailing Address

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

00007100

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PATRONIS, JIMMY	
STREET ADDRESS	3144 N. KINGS DR.	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, CALLIE	
STREET ADDRESS	457 SUDDUTH AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSO, DAVID	
STREET ADDRESS	126 QUEENS CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	P	<input type="checkbox"/> Delete
NAME	PATRONIS, HELEN	
STREET ADDRESS	3144 N. KINGS DR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALL, CHRIS	
STREET ADDRESS	2102 SUTHERLAND RD	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, ATHENA	
STREET ADDRESS	395 WAHOO RD., P.O. BOX 27039	
CITY-ST-ZIP	PANAMA CITY FL 32411	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Russo	
STREET ADDRESS	207 Hollis Ave	
CITY-ST-ZIP	Panama City, Fla 32401	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Hall	
STREET ADDRESS	1503 Thurso Rd.	
CITY-ST-ZIP	Lynn Haven, Fla 32444	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Cordon	
STREET ADDRESS	4425 Viola Lane	
CITY-ST-ZIP	Lynn Haven, Fla 32444	

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 Required **T PATRONIS** 1/15/03 850-763-6662

CR2E037 (10/02)