

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**

00007166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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. 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

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

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

TITLE ☐ Delete
NAME **D RUSSO, DAVID**
STREET ADDRESS **126 QUEENS CIRCLE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE ☐ Delete
NAME **S HALL, CHRIS**
STREET ADDRESS **2102 SUTHERLAND RD**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☒ Delete
NAME **D GEORGE, ATHENA**
STREET ADDRESS **395 WAHOO RD., P.O. BOX 27039**
CITY-ST-ZIP **PANAMA CITY FL 32411**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **D David Russo**
STREET ADDRESS **207 Hollis Ave**
CITY-ST-ZIP **Panama City, Fla 32401**

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

TITLE ☒ Change ☐ Addition
NAME **S Chris Hall**
STREET ADDRESS **1503 Thurso Rd.**
CITY-ST-ZIP **Lynn Haven, Fla 32444**

TITLE ☐ Change ☒ Addition
NAME **D 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)