

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 727366



1. Entity Name
ST. GEORGE GREEK ORTHODOX CHURCH OF
HOLLYWOOD, FLORIDA, INCORPORATED.

Principal Place of Business
425 N. 58TH AVE.
HOLLYWOOD, FL 33021

Mailing Address
425 N. 58TH AVE.
HOLLYWOOD, FL 33021



07112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1811937

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERRY D MONIODIS
315 S.E. 7TH STREET
SECOND FLOOR
FT. LAUDERDALES, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

UN0000374647
07/27/05-80001-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAROGIANNIS, MARY 18833 SW 26 ST. MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD DOURVETAKIS, PETER 1333 TYLER ST HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONIOUDIS, PERRY 823 GARRET CIRCLE FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINIS, CONSTANTINE 5750 SHERIDAN STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARACHALIAS, THEODORE 4151 SW 131 AVE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD KARACHALIAS, THEODORE JR 16263 SEGOVIA CIRCLE S. PEMBROKE PINES, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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:

Constantine Marinis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #