


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90058 042 \*\*\*\*61.25

<b>DOCUMENT # 727366</b>					
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		
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	4. FEI Number 59-1811937	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERRY D MONIODIS 800 SE THIRD AVE SUITE200 FORT LAUDERDALE, FL 33316				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE _____</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSIOTSIAS, TIM			NAME	
STREET ADDRESS	4626 FILLMORE ST			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	
TITLE	ATD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARACHALIAS, TED JR			NAME	
STREET ADDRESS	16263 SECOVIA CIR S			STREET ADDRESS	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33331			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONIUDIS, PERRY			NAME	
STREET ADDRESS	823 GARRET CIR			STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINIS, CONSTANTINE			NAME	
STREET ADDRESS	5750 SHERIDAN ST			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARACHALIAS, THEODORE			NAME	
STREET ADDRESS	4151 SW 131 AVE			STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33330			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAN, ANNA			NAME	
STREET ADDRESS	4985 SW 35 TERR			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Perry D Monioudis</u>				Date: <u>4/14/08</u> (954) 966-1898	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	
<u>Perry D Monioudis President</u>					



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