

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90054 040 ****61.25

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|--|--|--|--|--|--|
| DOCUMENT # 734876 1. Entity Name ANNUNCIATION OF THE VIRGIN MARY GREEK ORTHODOX CHURCH, INC. | | | |  | |
| Principal Place of Business 8210 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 | | | Mailing Address 8210 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-6606805 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 01182007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent BURANDT, ROBERT B ATTNY %ROOSA, SUTTON, BURANDT & ADAMSKI LLP 1714 CAPE CORAL PKWY EAST CAPE CORAL, FL 33904 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | PDD PREVOLOS, DEAN PO BOX 10873 NAPLES, FL 34101 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KAPETAN, EFFIE 1030 S.E. 6TH STREET CAPE CORAL, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PECERI, MICHAEL 11640 COURT OF PALMS, PDS, #204 FORT MYERS, FL 33908 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATD KARRAS, NICK 9848 LOS ALTOS CT. FORT MYERS, FL 33908 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOWARD, JOHN 13716 BRYNWOOD LN. FORT MYERS, FL 33912 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDD Nick Kontinos 22051 West Tree Drive Esteros, FL 33928 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATD Virginia Headley 823 SE 41 Street Cape Coral, FL 33909 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDD | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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:  | | | Date: 1-21-07 289-481-2099 | | |