

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737605** (6)

1. Corporation Name

**LADIES SOCIETY OF ST. SOPHIA CHURCH OF POLK COUN
TY, INC.**

Principal Place of Business

**1030 BRADBURY RD.
P.O. BOX 7424
WINTER HAVEN FL 33880
US**

Mailing Address

**P.O. BOX 7424
P.O. BOX 7424
WINTER HAVEN FL 33883-7424
US**



3. Date Incorporated or Qualified
12/22/1976

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-1764065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAKAS, ANDREW P
123 AVENUE C S W
WINTER HAVEN FL 33880**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRUKIS, CAROLYN	
STREET ADDRESS	21 OAKWOOD RD	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BENDA, TATIANA	
STREET ADDRESS	830 SAGAMORE ST	
CITY - ST - ZIP	LAKELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KALLIVROUSIS, CHARLENE	
STREET ADDRESS	4331 LAKE BUFFAM ROAD	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NICOLETOS, MILDRED	
STREET ADDRESS	944 REYNOLDS ROAD LOT 341	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIA EMANILIDIS	
1.3 STREET ADDRESS	121 Lake Trout Dr.	
1.4 CITY - ST - ZIP	Avon Park, FL 33925	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANNA EMANILIDIS	
2.3 STREET ADDRESS	291 Hermando St.	
2.4 CITY - ST - ZIP	Winter Haven, FL 33884	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANETTA ROWE	
3.3 STREET ADDRESS	1510 8th Street S.E	
3.4 CITY - ST - ZIP	Winter Haven, FL 33880	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria Emamilidis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-97
Date

(41) 452-1987
Daytime Phone # 0054810

CR2E037 (9/96)