

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAR -9 PH 2: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752870 (6)  
1. Corporation Name

GREEK ORTHODOX CHURCH OF BOCA RATON, INC.  
*ST. MARK GREEK ORTHODOX CHURCH, INC.*

Principal Place of Business Mailing Address  
2100 N.W. 51ST STREET BOCA RATON FL 33431  
2100 N.W. 51ST STREET BOCA RATON FL 33431

|                                |    |                     |    |                     |    |              |    |     |    |
|--------------------------------|----|---------------------|----|---------------------|----|--------------|----|-----|----|
| 21                             | 22 | 23                  | 24 | 25                  | 26 | 27           | 28 | 29  | 30 |
| 2. Principal Place of Business |    | 2a. Mailing Address |    | Suite, Apt. #, etc. |    | City & State |    | Zip |    |
| 21                             |    | 22                  |    | 23                  |    | 24           |    | 25  |    |
| 26                             |    | 27                  |    | 28                  |    | 29           |    | 30  |    |

|   |   |
|---|---|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 06/10/1980  | 01/28/1994  |
| 4. FEI Number   | Applied For / Not Applicable  |
| 15-5600074-59-3081241   |   |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
|   |   |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
|   |   |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status                                       | \$68.75 Supplemental Fee Not Required                               |
| <input checked="" type="checkbox"/>   |   |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                     |  |  |  | 10. Name and Address of New Registered Agent |  |  |  |
| JAMES A BALLERANO, JR, ESQ<br>1201 NE 8 ST<br>DELRAY BEACH FL 33483 |  |  |  | 81   | Name   |  |  |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |  |  |
|   |  |  |  | 83   |  |  |  |
|   |  |  |  | 84   | City   |  |  |
|   |  |  |  | 85   | Zip Code   |  |  |
|   |  |  |  | FL   |  |  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | P                        | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VOUTSINAS, VERA          | 1.2 NAME  | P REGAS, GEORGE S.   |
| STREET ADDRESS             | 2035 SW 7 CT             | 1.3 STREET ADDRESS                                    | 7036 MONTRICO DR   |
| CITY- ST- ZIP              | BOCA RATON FL            | 1.4 CITY- ST- ZIP                                     | BOCA RATON, FL 33433   |
| TITLE                      | VP                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | COPULOS, THOMAS A D.D.S  | 2.2 NAME  |  |
| STREET ADDRESS             | 1499 W PALMETTO PARK 302 | 2.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | BOCA RATON FL 33486      | 2.4 CITY- ST- ZIP                                     |  |
| TITLE                      | S                        | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ASYMKOS, CAROLE          | 3.2 NAME  | S CHAPERIS, KATHY  |
| STREET ADDRESS             | 3597 SATIN LEAF CT       | 3.3 STREET ADDRESS                                    | 17687 PINE NEEDLE TERR   |
| CITY- ST- ZIP              | CORAL SPRINGS FL         | 3.4 CITY- ST- ZIP                                     | BOCA RATON, 33487  |
| TITLE                      | T                        | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STANTON, PAUL            | 4.2 NAME  | T. GLAROS, EIM.  |
| STREET ADDRESS             | 7200 NW 2ND AVE #27      | 4.3 STREET ADDRESS                                    | 7149 MONTRICO DR   |
| CITY- ST- ZIP              | BOCA RATON FL            | 4.4 CITY- ST- ZIP                                     | BOCA RATON, FL 33433   |
| TITLE                      | AT                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | JIMOKAS, GEORGE          | 5.2 NAME  |  |
| STREET ADDRESS             | 3900 NW 5TH ST           | 5.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | COCONUT CREEK FL         | 5.4 CITY- ST- ZIP                                     |  |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 6.2 NAME  |  |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                          | 6.4 CITY- ST- ZIP                                     |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *George S. Regas* *George S. Regas* 1/05/95 994-4822  
391-4286