

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 752870 (6)**

1. Corporation Name  
**ST. MARK'S GREEK ORTHODOX CHURCH, INC.**



Principal Place of Business <b>2100 NW 51ST STREET BOCA RATON FL 33431</b>	Mailing Address <b>2100 NW 51ST STREET BOCA RATON FL 33431-4323</b>
---	--

3. Date Incorporated or Qualified <b>06/10/1980</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>59-3081241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>JAMES A. BALLERANO JR. ESQ. 1201 NE 8TH STREET DELRAY BEACH FL 33483</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P DIRECTOR</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAS, GEORGE S</b>	1.2 NAME	
STREET ADDRESS	<b>7036 MONTRICO DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP DIRECTOR</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPULOS, THOMAS A D.D.S</b>	2.2 NAME	
STREET ADDRESS	<b>1499 W PALMETTO PARK 302</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S DIRECTOR</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHAPEKIS, KATHY</b>	3.2 NAME	<b>MATTHEW COPULOS</b>
STREET ADDRESS	<b>17889 PINE NEEDLE TERR</b>	3.3 STREET ADDRESS	<b>3631 NW 23rd Terrace</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>T Director</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTOPHER, STEVEN</b>	4.2 NAME	
STREET ADDRESS	<b>2900 N. MILITARY TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT Director</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIROUNIS, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>861 SW 15TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *George S. Regas* President of the Parish Council 1-15-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0038677

CF2E037 (9/96)