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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 752870

1. Corporation Name

ST. MARK'S GREEK ORTHODOX CHURCH, INC.

Principal Place of Business
 2100 NW 51ST STREET
 BOCA RATON FL 33431

Mailing Address
 2100 NW 51ST STREET
 BOCA RATON FL 33431



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/10/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3081241	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAMES A. BALLERANO JR. ESQ. 1201 NE 8TH STREET DELRAY BEACH FL 33483				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGAS, GEORGE S			1.2 NAME	Poly, Arthur		
STREET ADDRESS	7036 MONTRICO DR			1.3 STREET ADDRESS	5340 NW 2nd AVE. PH27		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Boca Raton, Fl 33487		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COPULOS, THOMAS A D.D.S			2.2 NAME	Markopoulos, Andrew		
STREET ADDRESS	1499 W PALMETTO PARK 302			2.3 STREET ADDRESS	2200 S. Ocean Lane #502		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33316		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP KATHERINE			3.2 NAME			
STREET ADDRESS	1580 SW 15TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLY ARTHUR			4.2 NAME	Copulos, Thomas A. D.D.S.		
STREET ADDRESS	5340 NW 2ND AVE PH27			4.3 STREET ADDRESS	1499 W. Palmetto Pk Rd #302		
CITY-ST-ZIP	BOCA RATON FL 33487			4.4 CITY-ST-ZIP	Boca Raton, Fl		
TITLE	ATD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIROUNIS, JOHN			5.2 NAME	Prakas, Athan		
STREET ADDRESS	861 SW 15TH AVE			5.3 STREET ADDRESS	715 Foxpoine Circle		
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP	Delray Beach, Fl 33445		
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 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, with all other like empowered.

SIGNATURE: Arthur Poly 1/5/99 (561)994-4822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)