

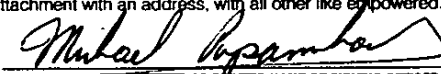


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90225 032 \*\*\*\*61.25

<b>DOCUMENT # 752870</b> 1. Entity Name <b>GREEK ORTHODOX CHURCH OF SAINT MARK OF BOCA RATON, FLORIDA, INC.</b>					
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</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03272007    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-3081241</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MORRITIS, ATHENA 2100 NW 51ST. ST. BOCA RATON, FL 33431</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICOLAIDES, ANTHONY 7821 MANOR FOREST LN BOYNTON BCH, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>MICHAEL PARAMICHAEL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINSKY, TERENCE 7701 NE 7TH TERRACE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TIM BALLERAND</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANAGOS, GREGORY 21273 ROCK RIDGE DR. BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>RIAD BOULOS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENNEY, THOMAS 598 NW 10 CT BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUSAN BRENO</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOULOS, RIAD 9406 NW 38TH ST. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TERENCE WINSKY</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLY, ARTHUR 5340 NW 2ND AVE, PH27 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ART POLY</b>		
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.					
<b>SIGNATURE:</b> 					
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
_____ <small>Date</small>					
_____ <small>Daytime Phone #</small>					