


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90015 034 \*\*\*\*61.25

<b>DOCUMENT # 752870</b>					
1. Entity Name GREEK ORTHODOX CHURCH OF SAINT MARK OF BOCA RATON, FLORIDA, 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3081241	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRITIS, ATHENA 2100 NW 51ST. ST. BOCA RATON, FL 33431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAMICHAEL, MICHAEL		NAME	ARTHUR POLY	
STREET ADDRESS	7821 MANOR FOREST LN		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL 33434		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	1ST VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLERAND, TIM		NAME	JOHN KOYTSOUPIS	
STREET ADDRESS	7701 NE 7TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	2ND VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULAS, RIAD		NAME	RIAD BOULOS	
STREET ADDRESS	21273 ROCK RIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREND, SUSAN		NAME	CURTIS ELROD	
STREET ADDRESS	598 NW 10 CT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSKY, TERENCE		NAME	MATTHEW JENETOPULOS	
STREET ADDRESS	9406 NW 38TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLY, ART		NAME		
STREET ADDRESS	5340 NW 2ND AVE, PH27		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
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.					
SIGNATURE: <u>Arthur Poly - Asst Treasurer</u>			Date: <u>03/31/08</u> 561-994-4822		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		