


# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

09 MAY -4 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 752870</b>					
1. Entity Name <b>GREEK ORTHODOX CHURCH OF SAINT MARK OF BOCA RATON, FLORIDA, INC.</b>					
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 <b>59-3081241</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MORRIS</b> MORRIS, ATHENA 2100 NW 51ST. ST. BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City State: <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR Is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLY, ARTHUR	NAME	900155532429		
STREET ADDRESS	7821 MANOR FOREST LN	STREET ADDRESS	05/06/09--01021--030 **61.25		
CITY-ST-ZIP	BOYNTON BCH, FL 33434 BOCA RATON, FL 33487	CITY-ST-ZIP			
TITLE	1VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOUTSOUPIS	NAME			
STREET ADDRESS	7701 NE 7TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487 33431	CITY-ST-ZIP			
TITLE	2VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOULOS, RIAD	NAME			
STREET ADDRESS	24273 ROCK RIDGE DR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428 CORAL SPRINGS, FL 33065	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELROD, CURTIS	NAME			
STREET ADDRESS	5850 VISTA LINDA LN	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33486 33433	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENETOPULOS, MATTHEW	NAME			
STREET ADDRESS	0400 NW 38TH ST.	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065 BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	<del>AT</del> <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>RIAD BOULOS</u> RIAD BOULOS 4/25/09 561-994-4822					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					