

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90057 039 ****61.25

DOCUMENT # 752870

1. Entity Name
**GREEK ORTHODOX CHURCH OF SAINT MARK OF BOCA RATON
N. 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3081241**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JAMES A. BALLERANO JR. ESQ.
1201 NE 8TH STREET
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	POLY, ARTHUR	5340 NW 2ND AVE PH27	BOCA RATON FL 33487	<input checked="" type="checkbox"/>
VD	PAPAMICHAEL, MICHAEL	23217 BOCA CLUB COLONY CT	BOCA RATON FL 33433	<input type="checkbox"/>
SD	SIMON, JOHN	9722 OREGON ROAD	BOCA RATON FL 33434	<input checked="" type="checkbox"/>
TD	DENNEY, THOMAS	598 NW 10 CT	BOCA RATON FL 33486	<input type="checkbox"/>
VD	MARDS, MKKY	11535 NW 75 MANOR	PARKLAND FL 33076	<input type="checkbox"/>
	Kathy Russo			<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Curtis Elrod	1246 SW 13th DR	BOCA RATON, FL 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	MAROS, MICKEY (connection)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Kathy Russo	716 SE 9th ST	DELRAY BCH, FL 33483	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

12. 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 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/02 561 994 4822