


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90135 007 ****61.25

0029233

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 755397
 1. Corporation Name
ST. SOPHIA GREEK ORTHODOX COMMUNITY

Principal Place of Business 2401 S.W. 3RD AVENUE MIAMI FL 33129-2030	Mailing Address 244 S.W. 24TH ROAD MIAMI FL 33129 US
--	---



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/05/1980
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0711183
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
25. Country	29. Country	\$8.75 Additional Fee Required
30. Country	3. Date Incorporated or Qualified	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DEMOS, ANGELO P.
1101 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	HARALAMBIDES, JOHN	
STREET ADDRESS	901 VENETIAN DR	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VPD	<input type="checkbox"/>
NAME	MARTINI, GREGORY T	
STREET ADDRESS	1248 SOROLLA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/>
NAME	PREVOLIS, STEVE	
STREET ADDRESS	151 CRANDON BLVD., APT. 625	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. PRESIDENT, VICE PRESIDENT, OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE	JOHN C SCURTIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	3065 BATTERSEA RD		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133		
2.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: Steve Prevolis DATE: 1/15/99 DAYTIME PHONE #: 305-854-2922

CR2E037 (1/1/98)