

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90027 039 \*\*\*\*61.25

DOCUMENT # 755397



1. Entity 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

04001716



**DO NOT WRITE IN THIS SPACE**

07032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0711183	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEMOS, ANGELO P.  
1101 BRICKELL AVENUE  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREVOLIS, STEVE 151 CRANDON BLVD APT. 329 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGOR, THEODORE 9400 SW 61 COURT PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KALLERGIS, NICK 1531 MILLER RD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAYS, THEODORE 751 CORONADO AVENUE. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHOLAKIS, GEORGE 1900 SUNSET HARBOUR DR. #1711 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

2. 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:

*Steve Prevolis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEVE PREVOLIS

7/2/04  
Date

305 854 2922  
Daytime Phone #