

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

06-27-2006 90035 026 \*\*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06032006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-0711183**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

TITLE PD ☒ Delete  
NAME EFTHIMIOU, JR, GUS  
STREET ADDRESS 6440 SANTONA STREET  
CITY-ST-ZIP CORAL GABLES, FL

TITLE VD ☒ Delete  
NAME MONAS, HENRY  
STREET ADDRESS 115 SW 25TH ROAD  
CITY-ST-ZIP MIAMI, FL 33129

TITLE VD ☒ Delete  
NAME GREGOR, THEODORE  
STREET ADDRESS 9400 SW 61ST COURT  
CITY-ST-ZIP ANECREST, FL 33156

TITLE SD ☐ Delete  
NAME PORTAFEEKAS, THESPO  
STREET ADDRESS 224 VISCOYA AVE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD ☐ Delete  
NAME HARALAMBIDES, ALECO  
STREET ADDRESS 901 VENETIAM DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT NICHOLAS KALLERGIS**  
STREET ADDRESS **1531 MILLER RD**  
CITY-ST-ZIP **CORAL GABLES, FL 33136**

TITLE ☒ Change ☐ Addition  
NAME **V-PRESIDENT JAMES COSMIDES**  
STREET ADDRESS **1025 CORAL WAY**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
NAME **V-PRESIDENT GEORGE CHOLAKIS**  
STREET ADDRESS **1900 SUNSET HARBOUR DR**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **ALECO**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**NICHOLAS KALLERGIS**

**6/5/06 305 854-2922**