


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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEMONS, 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	



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

Filing Fee is \$61.25 Due by September 6, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFTHIMIOU, JR, GUS		NAME	NICHOLAS KALLERGIS	
STREET ADDRESS	6440 SANTONA STREET		STREET ADDRESS	1531 MILLER RD	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	CORAL GABLES, FL 33136	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAS, HENRY		NAME	JAMES COSMIDES	
STREET ADDRESS	115 SW 25TH ROAD		STREET ADDRESS	1025 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGOR, THEODORE		NAME	GEORGE CHOLAKIS	
STREET ADDRESS	9400 SW 61ST COURT		STREET ADDRESS	1900 SUNSET HARBOUR DR	
CITY-ST-ZIP	ANECREST, FL 33156		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTAFEKAS, THESPO		NAME		
STREET ADDRESS	224 VISCOYA AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARALAMBIDES, ALECO		NAME	ALECO	
STREET ADDRESS	901 VENETIAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Nicholas Kallergis* **Date:** 6/5/06 **Daytime Phone #:** 305 854-2922

NICHOLAS KALLERGIS