

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90137 015 \*\*\*\*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**

**60003736**



CHECK HERE IF MAKING CHANGES

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 **59-0711183**

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

**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. **VD** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. <b>VD</b> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HARALAMBIDES, JOHN</b> <input checked="" type="checkbox"/> Delete <b>901 N VENETIAN DRIVE</b> <b>MIAMI BEACH FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GEORGE CHOLAKIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1900 SUNSET HARBOUR DR #1711</b> <b>MIAMI BEACH, FL</b> <b>33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PREVOLIS, STEVE</b> <input type="checkbox"/> Delete <b>151 CRANDON BLVD APT. 329</b> <b>KEY BISCAYNE FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GREGOR, THEODORE</b> <input type="checkbox"/> Delete <b>9400 SW 61 COURT</b> <b>PINECREST FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KALLERGIS, NICK</b> <input type="checkbox"/> Delete <b>1531 MILLER RD</b> <b>CORAL GABLES FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KAYS, THEODORE</b> <input type="checkbox"/> Delete <b>751 CORONADO AVENUE.</b> <b>MIAMI FL 33143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **1/4/03** **305-854-2922**