

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755824

FILED
May 03, 2007
Secretary of State

Entity Name: ST. NICHOLAS GREEK ORTHODOX CATHEDRAL OF TARPON SPRINGS, INC.

Current Principal Place of Business:

36 N PINELLAS AVE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

17 E. TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-0704732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATSALIDES, HARRY MR.
17 E. TARPON AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATSALIDES, HARRY MR.
Address: 73 WILLOWOOD LANE
City-St-Zip: OLDSMAR, FL 34677 US

Title: VP () Delete
Name: SISOIS, COSTAS MR.
Address: 516 WAYFARER DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TD () Delete
Name: ANDROPOULOS, HARRY MR.
Address: 907 BAYSHORE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: SD () Delete
Name: CHRISTU, NIKKI MS.
Address: 413 N. WALTON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: ASTD (X) Delete
Name: SOTIRAKIS, BETTY MS.
Address: 19201 WIND DANCER STREET
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SOTIRAKIS, BETTY MS.
Address: 317 S. SPRING BLVD
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY PATSALIDES

PD

05/03/2007

Electronic Signature of Signing Officer or Director

Date