

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-12-2004 90037 043 \*\*\*\*61.25

**DOCUMENT # 761620**

1. Entity Name

**MENS CLUB OF ST. NICHOLAS CHURCH, INC.**



Principal Place of Business

**2525 SOUTH 25TH STREET  
FT. PIERCE FL 34981**

Mailing Address

**2525 SOUTH 25TH STREET  
FT. PIERCE FL 34981**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

**59-2951413**

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

**KINDEL, JOYCE E.  
953 OLD DIXIE HIGHWAY B-6  
VERO BEACH FL 32960**

Name **GEORGE CAVOORIS**

Street Address (P.O. Box Number is Not Acceptable)

**785 SE WHITMORE DRIVE**

City **PORT ST. LUCIE**

**FL**

Zip Code **34984**

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

**GEORGE CAVOORIS, PRES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/9/04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **GALANOS, TONY**  
STREET ADDRESS **618 NW LAMBRUSCO DR.**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

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

P ☐ Delete  
NAME **LOUKA, LOUKIS**  
STREET ADDRESS **958 NW MOSSY OAK WAY**  
CITY-ST-ZIP **FORT PIERCE FL 34954**

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

D ☐ Delete  
NAME **CAMACHO, PETER**  
STREET ADDRESS **13501 OKEECHOBEE RD.**  
CITY-ST-ZIP **FORT PIERCE FL 34945**

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

D ☐ Delete  
NAME **GATSOS, STEPHEN**  
STREET ADDRESS **9500 S. OCEAN DRIVE 605**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

S ☐ Delete  
NAME **VOVOU, BILL**  
STREET ADDRESS **6813 SE WARWICK LANE**  
CITY-ST-ZIP **STUART FL 34997**

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

D ☐ Delete  
NAME **CAVOORIS, GEORGE**  
STREET ADDRESS **785 SE WHITMORE DR.**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

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 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:

**Tony Galanos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/9/04**