

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90045 010 ****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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04062005 Chg-NP CR2E037 (10/03)

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	
CAVOORIS, GEORGE 785 SE WHITMORE DRIVE PORT SAINT LUCIE, FL 34984		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.

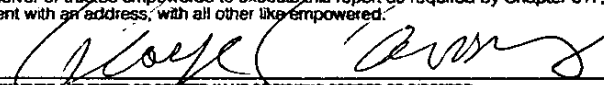
(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$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 NAME STREET ADDRESS CITY-ST-ZIP	T GALANOS, TONY 618 NW LAMBRUSCO DR. PORT SAINT LUCIE, FL 34986 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOUKIS LOUKA 958 NW MOSSY OAK WAY JENSEN BEACH FL 34957 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUKA, LOUKIS 958 NW MOSSY OAK WAY FORT PIERCE, FL 34954 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE CAVOORIS 785 SE WHITMORE DR PORT ST. LUCY FL 34984 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMACHO, PETER 13501 OKEECHOBEE RD. FORT PIERCE, FL 34945 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICKOLAS PALEOLOGOS 2525 S. 25th ST FORT PIERCE FL 34981 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATSOS, STEPHEN 9500 S. OCEAN DRIVE 605 JENSEN BEACH, FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOVOU, BILL 6813 SE WARWICK LANE STUART, FL 34997 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIM CHECKER 2000 S. OCEAN AVE FT. PIERCE FL 34949 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVOORIS, GEORGE 785 SE WHITMORE DR. PORT SAINT LUCIE, FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLEFF PERRY BOLEFFORGE 10310 S. OCEAN AVE JENSEN BEACH FL 34955 ☒ Change ☐ Addition

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:  **4/13/05 772-340-3853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #