
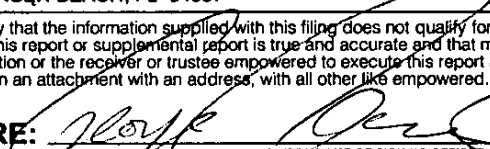


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90140 046 ****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	4. FEI Number 59-2951413	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAVOORIS, GEORGE 785 SE WHITMORE DRIVE PORT SAINT LUCIE, FL 34984				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOUKIS, LOUKA 958 NW MOSSY OAK WAY JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAVOORIS, GEORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 785 SE WHITMORE DR PORT ST. LUCIE FL 34984		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVOORD, GEORGE 785 SE WHITMORE DR PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUKIS, LOUKA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 958 NW MOSSY OAK WAY JENSEN BEACH FL 34957		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALEOGOS, NICKOLAS 2525 S 25TH ST FORT PIERCE, FL 34981 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATSOS, STEPHEN 9500 S. OCEAN DRIVE 605 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHECKOS, JIM 2400 S OCEAN AVE FORT PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCOSCORDER, PERRY 10310 S OCEAN AVE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOLOGEORGES, PERRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10310 S OCEAN AVE JENSEN BEACH, FL 34957		
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:  3/30/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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