


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90094 016 ****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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40047285



03062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2951413	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAVOORIS, GEORGE 785 SE WHITMORE DRIVE PORT SAINT LUCIE, FL 34984

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOUKIS, LOUKA 958 NW MOSSY OAK WAY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAVOORIS, GEORGE 785 SE WHITMORE DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOUKIS, LOUKA 958 NW MOSSY OAK WAY JENSEN BEACH, FL 34957 KARSON, BYRON 4116 NE SUNSET DR JENSEN BEACH FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GATSOS, STEPHEN 9500 S. OCEAN DRIVE 605 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHECKOS, JIM 2400 S OCEAN AVE FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLOGEORGES, PERRY 10310 S OCEAN AVE JENSEN BEACH, FL 34957

**DO NOT WRITE
IN THIS SPACE**

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:  **3/15/07 772-340-2853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #