## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 761620**

1. Entity Name

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**FILED** Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90151 038 \*\*\*\*61.25

MENS CL	LUB OF ST. NICHOLAS CHUR	CH, INC.	(6							
Principal Place of Business 2525 SOUTH 25TH STREET FT. PIERCE FL 34981		Mailing Address 2525 SOUTH 25TH STREET FT. PIERCE FL 34981				<del></del>	~~~			
2. Principal I	Place of Business	3. Mailing Address		-						
						8    8    8   8  8  8  8		ejs nents sees		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 59-2951413		<del></del>	Applied For Not Applicable		
Zip	Country	Zip	Countr	y <sub>s 2</sub> ₃	-5. Certificate of S	tatus Desired *	3= <b>\$8.75</b> -Ad Fee Require	ditional——	-	
	6. Name and Address of Current F	Registered Agent			7. Name and Add	iress of New Regist	tered Agent	;	1	
			1	Name						
	Joyce E. Dixie Highway B-6	Street Address			(P.O. Box Number is Not Acceptable)					
	EACH FL 32960		-						1	
			(	City			FL Zip Cod	ė	1	
	e named entity submits this statement for	the purpose of changing its	registered (	office or registere	ed agent, or both, in	the State of Florida.	I am familiar with,	and accept	1	
the obliga	tions of registered agent.									
SIGNATURE										
	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE:	: Registered Ag	gent signature required	when reinstating)	٠	DÂTE			
•	FILE NOW: FEE IS \$61.25	•	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 DIR	ECTORS	11.	Δ	ADDITIONS/CHANG	ES TO OFFICERS AI	ND DIRECTORS IN		_ ا	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLEKAS, GEORGE  248 NW BENTLEY CIRCLE  PORT SAINT LUCIE FL 34986	Delete	TITLE NAME STREET A CITY-ST-	DDRESS 61	NY G 8 NW L AT ST. LUG	ALANO AMBRUSO	Change  Co DR  CO DR  CO DR	Addition	E037 (10/02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUKA, LOUKIS 2722 SE RAWLINGS ROAD PORT-SAINT: LÜCIE FL-34952	☐ Delete	TITLE NAME STREET A	DORESS 95	9 NW MOS. NSEN-BÉA	sy OAK W	Change A	Addition	CRO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMACHO, PETER 13501 OKEECHOBEE RD. FORT PIERCE FL 34945	☐ Delete ·	TITLE NAME STREET A	DDRESS		,,,	☐ 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 A CITY-ST-	1			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOVOU, BILL 6813 SE WARWICK LANE STUART FL 34997	☐ Delete	TITLE NAME STREET AI CITY-ST-	DDRESS			☐ Change	Addition		
IITLE NAME STREET ADDRESS DITY-ST-ZIP	D CAVOORIS, GEORGE 785 SE WHITMORE DR. PORT SAINT LUCIE FL 34984	□ Delete	NAME STREET AL CITY-ST-	ZIP			☐ Change	Addition		
2 harran -	certify that the information supplied with t		d							

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:

(772) 692-7949