

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0088619

DOCUMENT # 764218

1. Entity Name

ST. GEORGE GREEK ORTHODOX CHURCH, INC.

03-29-2002 91429 045 ****61.25

Principal Place of Business

Mailing Address

**9426 LITTLE ROAD
 NEW PORT RICHEY FL 34654**

**9426 LITTLE ROAD
 NEW PORT RICHEY FL 34654**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2588954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PTESAS, GEORGE C
 9429 HILLTOP DRIVE
 NEW PORT RICHEY FL 34654**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **1VPD** ☐ Delete
 NAME **KOURDIS, JAMES**
 STREET ADDRESS **1140 LODESTARE STREET**
 CITY-ST-ZIP **HOLIDAY FL 34690**

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

TITLE **TD** ☒ Delete
 NAME **KTISTAKIS, KOSTAS A**
 STREET ADDRESS **8841 CRESCENT FOREST BLVD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Thomas M. Kelly**
 STREET ADDRESS **6399 Plantation Rd, Spring Hill FL**
 CITY-ST-ZIP **34606**

TITLE **2VPD** ☒ Delete
 NAME **TOWNSEND, HUGH**
 STREET ADDRESS **9701 HERMOSILLO DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **CSD** ☐ Change ☒ Addition
 NAME **Edward H. Heath**
 STREET ADDRESS **5616 Fieldspring Ave, N.P.R., FL**
 CITY-ST-ZIP **34655**

TITLE **PD** ☐ Delete
 NAME **TSIRINGOS, STELLA**
 STREET ADDRESS **2327 TERRACE VIEW LANE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **ATD** ☐ Change ☒ Addition
 NAME **Helen Younes**
 STREET ADDRESS **6593 Andromeda Way, Spring Hill**
 CITY-ST-ZIP **34606**

TITLE **TD** ☒ Delete
 NAME **KOKKAS, JOHN**
 STREET ADDRESS **12315 LITTLE RD APT 42**
 CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **SD** ☐ Delete
 NAME **MITCHELL, KOULA**
 STREET ADDRESS **3619 ASHTON CT.**
 CITY-ST-ZIP **HOLIDAY FL 34691**

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:

James Kourdis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)