

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90004 050 ****61.25

DOCUMENT # 764218

1. Entity Name
ST. GEORGE GREEK ORTHODOX CHURCH, INC.



Principal Place of Business
**9426 LITTLE ROAD
NEW PORT RICHEY, FL 34654 US**

Mailing Address
**9426 LITTLE ROAD
NEW PORT RICHEY, FL 34654 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
90-0102124

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

**PSETAS, GEORGE C
10816 U.S. HWY. 19 N.
STE. 105
PORT RICHEY, FL 34668**

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 September 12, 2008**

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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RIVERS, ADAMANTIA D PD
5116 SOUTHSHORE DRIVE
NEW PORT RICHEY, FL 34652** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VPD
POTARIS, WILLIAM 1VPD
10236 TURKEY OAK DRIVE
NEW PORT RICHEY, FL 34654** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VPD
Papapanos, Argyro 1VPD
3714 Montclair Dr.
New Port Richey, FL 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSD
MAJOR, VASILIOS CSD
8037 PAGODA DRIVE
SPRING HILL, FL 34606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSD
Katriss, Nick CSD
2343 Egelweiss LP.
New Port Richey FL 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CONE, DONALD TD
12907 SANDBURST LANE
HUDSON, FL 34667** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Kelly, Thomas TD
6399 Plantation Rd.
Spring Hill FL 34608** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
VASSILAGORIS, JOHN ATD
10207 HOME COURT
PORT RICHEY, FL 34668** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
Tsiringas, Stella ATD
2327 Terrace View Ln.
Spring Hill FL 34606** ☒ Change ☐ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAMANTIA D. RIVERS

Date

Daytime Phone #

5/30/08 727-8685911

ATTACHMENT

40107051

764218

Addition

2VPD

Potaris, William 2VPD

10236 Turkey oak Dr.

New Port Richey FL 34654