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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765411 (4)

1. Corporation Name

THE ST. JOHN GREEK ORTHODOX DAY SCHOOL FOUNDATIO
N, INC.

Principal Place of Business

Mailing Address

2418 SWANN AVE
TAMPA FL 336092418 SWANN AVE
TAMPA FL 33609-47123. Date Incorporated or Qualified
10/14/19823a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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4. FEI Number

59-1170684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILONAS, TASO MICHAEL
3003 LAWN AVENUE
TAMPA FL 33611

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD * DELETE
NAME ELLIOTT, PAUL S.
STREET ADDRESS 3029 SAMARA DR.
CITY - ST - ZIP TAMPA FLTITLE VD * DELETE
NAME WETMORE, SCOTT
STREET ADDRESS 12805 CATAMARAN
CITY - ST - ZIP TAMPA FLTITLE STD ☐ DELETE
NAME LARKIN, JAMES
STREET ADDRESS 4614 S. FERDINAND AVE.
CITY - ST - ZIP TAMPA FLTITLE PD * DELETE
NAME CARDWELL, BRENDA
STREET ADDRESS 10107 LINDELAAN
CITY - ST - ZIP TAMPA FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE PD * Change ☐ Addition
1.2 NAME SALEM, RICHARD
1.3 STREET ADDRESS 84 ADALIA
1.4 CITY - ST - ZIP TAMPA, FL 336062.1 TITLE VD * Change ☐ Addition
2.2 NAME ALFONSO, LINDA
2.3 STREET ADDRESS 4 BAHAMA CIRCLE
2.4 CITY - ST - ZIP TAMPA, FL 336063.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE VD * Change ☐ Addition
4.2 NAME BROYD, LINDA
4.3 STREET ADDRESS 3203 TAMBAY AVE.,
4.4 CITY - ST - ZIP TAMPA, FL 336115.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1997 (813) 876-4569

CR2E037 (9/96)