

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765411

FILED
Jan 22, 2004
Secretary of State

Entity Name: THE ST. JOHN GREEK ORTHODOX DAY SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

2418 SWANN AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271828
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-1170684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KAVOUKLIS, CHRIS M
1000 N. ASHLEY DR
TAMPA, FL 33602

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: XENICK, CYNTHIA
Address: 614 DOWNS AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: STD () Delete
Name: LARKIN, JAMES
Address: 4614 S. FERDINAND AVE.
City-St-Zip: TAMPA, FL 33611

Title: DP () Delete
Name: XENICK, MIKE
Address: 3918 GRANDA ST
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: WILLIAM, ARNOLD
Address: 4704 W HERON LANE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: KRISTY, SIMON
Address: 2614 PARKLAND BLVD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: PALOUMPIIS, ANDREAS DR.
Address: 637 ONTARIO AVE.
City-St-Zip: TAMPA, FL 33606

Title: STD (X) Change () Addition
Name: LARKIN, JR., JAMES J
Address: 4614 S. FERDINAND AVE.
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ARTZIBUSHEV, DIMITRI
Address: 5111 W. HOMER AVE.
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. LARKIN JR.

STD

01/22/2004

Electronic Signature of Signing Officer or Director

_____ Date