

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90046 027 ****61.25

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DOCUMENT # 765411 1. Entity Name THE ST. JOHN GREEK ORTHODOX DAY SCHOOL FOUNDATION, INC.					
Principal Place of Business 2418 SWANN AVE TAMPA, FL 33609			Mailing Address P.O. BOX 271828 TAMPA, FL 33688		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2418 Swann Ave			
City & State _____		City & State Tampa FL		4. FEI Number 59-1170684	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAVOUKLIS, CHRIS M 1000 N. ASHLEY DR TAMPA, FL 33602				7. Name and Address of New Registered Agent 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 DATE 2-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALOUMPIS, ANDREAS DR.		NAME	John Mitchell	
STREET ADDRESS	637 ONTARIO AVE.		STREET ADDRESS	13914 Pepperrell Drive	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa FL 33624	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARKIN, JR., JAMES J		NAME	Marina Chaudas	
STREET ADDRESS	4614 S. FERDINAND AVE.		STREET ADDRESS	10456 Ashley Oaks Drive	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XENICK, MIKE		NAME		
STREET ADDRESS	3918 GRANDA ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTZIBUSHEV, DIMITRI		NAME		
STREET ADDRESS	5111 W. HOMER AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTY, SIMON		NAME		
STREET ADDRESS	2614 PARKLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			2/17/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		