



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2008 8:00 am**  
**Secretary of State**

08-01-2008 90039 034 \*\*\*\*61.25

<b>DOCUMENT # 765411</b> 1. Entity Name <b>THE ST. JOHN GREEK ORTHODOX DAY SCHOOL FOUNDATION, INC.</b>							
Principal Place of Business <b>2418 SWANN AVE TAMPA, FL 33609</b>			Mailing Address <b>2418 SWANN AVE TAMPA, FL 33609</b>				
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-1170684</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KAVOUKLIS, CHRIS M 115 SOUTH NEWPORT AVENUE TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name <b>Christopher Brewer</b> Street Address (P.O. Box Number is Not Acceptable) <b>2418 Swann Ave</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33609</b>				
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, JOHN 13914 PEPPEREL DR TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Katherine Sakkis 2418 Swann Ave Tampa FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LARKIN, JR., JAMES J 4614 S. FERDINAND AVE. TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Korkas 2418 Swann Ave Tampa FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP XENICK, MIKE 3918 GRANDA ST TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAOVNDAS, MARINA 10456 ASHLEY OAKS DR RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISTY, SIMON 2614 PARKLAND BLVD TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>7-20-08</b> Daytime Phone #			