2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765411

FILED Mar 30, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
118 SWA AMPA, FI	NN AVE L 33609			
urrent Mailing Address:		New Mailing Address:		
118 SWA AMPA, FI	NN AVE L 33609			
I Number:	: 59-1170684	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:
	CHRISTOPHI NN AVE L 33609 US			
e above	named entity	submits this statement for the r	ourpose of changing its registe	ered office or registered agent, or both
	named entity seconds	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
the State	e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
the State	e of Florida. RE:	submits this statement for the particles of Registered Agrees		ered office or registered agent, or both, Date
the State	e of Florida. RE:	nic Signature of Registered Ag	ent	
the State	e of Florida. RE: Electror S AND DIREC	nic Signature of Registered Ago TORS: Delete AMES J NAND AVE.	ent	Date
THE State GNATUF FICERS e: me: dress:	e of Florida. RE: Electror S AND DIREC STD () LARKIN, JR., JJ. 4614 S. FERDI TAMPA, FL 33	nic Signature of Registered Agr TORS:) Delete AMES J NAND AVE. 611) Delete	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR
the State GNATUF FFICERS e: me: dress: y-St-Zip: e: me: dress:	e of Florida. RE: Electror S AND DIREC STD () LARKIN, JR., JA 4614 S. FERDI TAMPA, FL 33 DP () XENICK, MIKE 3918 GRANDA TAMPA, FL 33	nic Signature of Registered Agr TORS:) Delete AMES J NAND AVE. 611) Delete ST 629) Delete N	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN KOKKAS D 03/30/2009