2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769185

FILED Jul 01, 2005 Secretary of State

Entity Name: ST. ELIZABETH GREEK ORTHODOX CHURCH OF GAINESVILLE, INC.

Current Principal Place of Business: New Principal Place of Business: 5129 NW 53 AVENUE GAINESVILLE, FL 32653 US **Current Mailing Address: New Mailing Address:** 5129 NW 53 AVENUE GAINESVILLE, FL 32653 US FEI Number: 29-2461060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KASTARIS, PANAGIOTIS REV 5129 NW 53RD AVE GAINESVILLE, FL 32653 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition THIEKE, ROBERT CURTA, FLORIN Name: Name: 1309 SW 101ST STREET Address: 6827 NW 37TH TERRACE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32653 Title: VPD () Delete Title: (X) Change () Addition KHURI, RONNIE Name: AGRIOS, GEORGE Name: Address: 5827 NW 54TH WAY Address: 222 SW 131ST ST. City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: GAINESVILLE, FL 32669 Title: SD Title: () Change () Addition () Delete HAYES, ANN Name: Name: 9925 NW 23RD LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: SMILLOV, MARIN Name: METRICK, RAY 6914 SW 80TH DRIVE Address: Address: P.O BOX 502 City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: FORT WHITE, FL 32038 Title: () Delete Title: () Change () Addition ARVANITIS, LUCAS Name: Name: 3126 NW 38TH STREET Address: Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: () Delete Title: (X) Change () Addition KOSTANDARIS, GAILE KOSTANDARIS, GAIL Name: Name: Address: P.O. BOX 757 Address: P.O. BOX 757 BELL, FL 32619 BELL, FL 32619 City-St-Zip: 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: FLORIN CURTA PD 07/01/2005