

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769185

FILED
Jan 11, 2006
Secretary of State

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

Current Principal Place of Business:

5129 NW 53 AVENUE
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5129 NW 53 AVENUE
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 29-2461060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KASTARIS, PANAGIOTIS REV
5129 NW 53RD AVE
GAINESVILLE, FL 32653 US

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: PD () Delete
Name: CURTA, FLORIN
Address: 6827 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VPD () Delete
Name: AGRIOS, GEORGE
Address: 222 SW 131ST ST.
City-St-Zip: GAINESVILLE, FL 32669

Title: SD () Delete
Name: HAYES, ANN
Address: 9925 NW 23RD LANE
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: METRICK, RAY
Address: P.O BOX 502
City-St-Zip: FORT WHITE, FL 32038

Title: M () Delete
Name: ARVANITIS, LUCAS
Address: 3126 NW 38TH STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: M () Delete
Name: KOSTANDARIS, GAIL
Address: P.O. BOX 757
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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: FLORIN CURTA

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date