


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008897					
1. Entity Name SAINT JOHN CHRYSOSTOM GREEK ORTHODOX CHURCH, INC.					
Principal Place of Business 2720 SE GAY ST STUART FL 34997			Mailing Address 5815 SE FEDERAL HIGHWAY PMB - 16 STUART, FL 34997		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1138144	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COURY, KATHERINE 3732 SE STARBOARD LANE STUART, FL FL 34997				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COURY, KATHERINE		NAME		
STREET ADDRESS	3732 SE STARBOARD LANE		STREET ADDRESS		
CITY - ST - ZIP	STUART FL 34997		CITY - ST - ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHENAS, JAMES		NAME		
STREET ADDRESS	7244 SE MAGELLAN LANE		STREET ADDRESS		
CITY - ST - ZIP	STUART FL 34997		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAPPAS, STEVEN		NAME		
STREET ADDRESS	P.O. BOX 501		STREET ADDRESS		
CITY - ST - ZIP	PALM CITY FL 34990		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOND, MARIA		NAME		
STREET ADDRESS	2216 S.W. LONGWOOD		STREET ADDRESS		
CITY - ST - ZIP	PALM CITY FL 34990		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		
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)(f), 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 - changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Katherine Coury</i> KATHERINE COURY 45-05 772-288-2587					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

4. FEI Number **57-1138144**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COURY, KATHERINE
3732 SE STARBOARD LANE
STUART, FL FL 34997**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME COURY, KATHERINE
STREET ADDRESS 3732 SE STARBOARD LANE
CITY - ST - ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
U000000364277
05/06/05-80036-012 61.25

TITLE VPT ☐ Delete
NAME SHENAS, JAMES
STREET ADDRESS 7244 SE MAGELLAN LANE
CITY - ST - ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE T ☐ Delete
NAME PAPPAS, STEVEN
STREET ADDRESS P.O. BOX 501
CITY - ST - ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S ☐ Delete
NAME BLOND, MARIA
STREET ADDRESS 2216 S.W. LONGWOOD
CITY - ST - ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition
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SIGNATURE: *Katherine Coury* **KATHERINE COURY 45-05 772-288-2587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #