## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 22, 2007 8:00 am Secretary of State

DOCUMENT # N0200008897  1. Entity Name SAINT JOHN CHRYSOSTOM GREEK ORTHODOX CHURCH, INC.						02-22-2007 90007 033 ****61.25			
Principal Place of Business 2720 SE GAY STREET STUART, FL 34997  Mailing Address 2720 SE GAY S TUART, FL 34997  STUART, FL 3			AY STREET			qv	ທູຂຂວວາ	•	
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address		<del></del> _					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04450007	hg-NP	CR2E037 (12/06)	•
City & State		City & State			4. FEI Number 57-113814	<del>-</del>		Applied For	
Zip	Country	Zip	Cor	untry		5. Certificate of Si		\$8.75 A	
	6. Name and Address of Current	Registered Agent		Т	Ł	7. Name and Add	ress of New Re		
			- <del></del>	Name	DλD			-giotal to Agent	
COURY, KATHERINE 3732 SE STARBOARD LANE			PAPPAS, STEVEN G. Street Address (P.O. Box Number is Not Acceptable)						
STUART, FL, FL 34997									
				9987 S.W. VENTURA DRIVE					
				City PALM CITY FL 34990					
the obliga	e named entity submits this statement fortions of registered agent.	Jappon	(NOTE: Registere				ine siate di Fior	2/19/0°	Z
	Filing Fee is \$61.25 Due by May 1, 2007		on Campaign F Fund Contribut			5.00 May Be Added to Fees		ake check payable da Department of S	
10.	OFFICERS AND DIF	RECTORS	11.		ΑC	DDITIONS/CHANG	S TO OFFICER	S AND DIRECTORS II	N 10
TITLE NAME	PRES COURY, KATHERINE	Delete		- 1	P		TIM	Change	☐ Addition
STREET ADDRESS	3732 SE STARBOARD LANE		NAM STRE	ET ADORESS		AS, STEV BOX 501	EN		
CITY-ST-ZIP	STUART, FL 34997			-51-21P		CITY, F	L 34990	)	
TITLE	VPT	Delete	TITLE	£	V		<del></del>	K Change	☐ Addition
NAME STREET ADDRESS	SHENAS, JAMES 7244 SE MAGELLAN LANE		NAM		KAKO	37 x 8181 T C	PETER		
CITY-ST-ZIP	STUART, FL 34997		SINE	ET ADDRESS	00 0	YANNIS,	DOND		
			CITY-	-ST-ZIP	80 S	RIVER	ROAD		•
TITLE	T	Delete		- ST- ZIP	80 S	RT, FL 3	ROAD	□ Change	Nation Nation
NAME	T PAPPAS, STEVEN	□ Delete			80 S STUA T PARA	RT, FL 3	ROAD 4996 Y	☐ Change	. Addition
NAME STREET ADDRESS	T PAPPAS, STEVEN P.O. BOX 501	□ Delete	TITLE NAME STREE	E Et address	80 S STUA T PARA 8110	S. RIVER RT, FL 3 SCO, MAR S.W. Y	ROAD 4996 Y ACHTSMA		Addition
NAME STREET ADDRESS CITY-ST-ZIP	T PAPPAS, STEVEN P.O. BOX 501 PALM CITY, FL 34990		TITLE NAME STRE CITY-	E Et address - St- Zip	80 S STUA T PARA 8110 STUA	RT, FL 3	ROAD 4996 Y	NS DR	<del></del>
NAME STREET ADDRESS CITY-ST-ZIP TITLE	T PAPPAS, STEVEN P.O. BOX 501	☐ Delete	TITLE NAME STREE	E ET ADDRESS - ST- ZIP	BO S STUA T PARA 8110 STUA S	SCO, MAR SCO, MAR S.W. YAART, FL	ROAD 4996 Y ACHTSMA 34997	NS DR	Addition  **XAddition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T PAPPAS, STEVEN P.O. BOX 501 PALM CITY, FL 34990 S KAKOYANNIS, PETER 80 S. RIVER ROAD		TITLE NAME STREE CITY- TITLE NAME STREE	E E ET ADDRESS - ST-ZIP	T PARA 8110 STUA S CHAC	RIVER RT, FL 3 SCO, MAR SCO, MAR S.W. YA ART, FL CHAKIS, S	ROAD 4996 Y ACHTSMA 34997 STEVE	NS DR ☐ Change	<del></del>
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPPAS, STEVEN P.O. BOX 501 PALM CITY, FL 34990 S KAKOYANNIS, PETER	Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP ST-ZIP	T PARA 8110 STUR	RIVER RT, FL 3 SCO, MAR SCO, MAR S.W. YA ART, FL CHAKIS, S	ROAD 4996 Y ACHTSMAI 34997 STEVE VAXBERR	NS DR  Change	<del></del>
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indicated on this report or supplied with this filling does not quality 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 empowared 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:

OGNATURE AND TYPED OR PRINTED NAME OF SEMING OFFICER OR DIRECTOR

2/19/07

Daytime Phone (