

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008897

FILED
Mar 04, 2008
Secretary of State

Entity Name: SAINT JOHN CHRYSOSTOM GREEK ORTHODOX CHURCH , INC.

Current Principal Place of Business:

2720 SE GAY STREET
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2720 SE GAY STREET
STUART,, FL 34997

New Mailing Address:

2720 SE GAY STREET
STUART, FL 34997

FEI Number: 57-1138144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPPAS, STEVEN G
9987 S.W. VENTURA DRIVE
PALM CITY, FL 34990 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: PRES () Delete
Name: COURY, KATHERINE
Address: 3732 SE STARBOARD LANE
City-St-Zip: STUART, FL 34997

Title: VPT () Delete
Name: SHENAS, JAMES
Address: 7244 SE MAGELLAN LANE
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: PAPPAS, STEVEN
Address: P.O. BOX 501
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: KAKOYANNIS, PETER
Address: 80 S. RIVER ROAD
City-St-Zip: STUART, FL 34996

Title: T (X) Delete
Name: PARASCO, MARY
Address: 8110 S.W. YACHTSMANS DR
City-St-Zip: STUART, FL 34997

Title: S (X) Delete
Name: CHACHAKIS, STEVE
Address: 7452 S.E. WAXBERRY CIR
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PAPPAS, STEVEN
Address: PO BOX 501
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: KAKYOANNIS, PETER
Address: 80 S. RIVER ROAD
City-St-Zip: STUART, FL 34996

Title: TRES (X) Change () Addition
Name: PARASCO, MARY
Address: 8110 SW YACHTSMANS DR
City-St-Zip: STUART, FL 34997

Title: SEC (X) Change () Addition
Name: CHACHAKIS, STEVE
Address: 7452 SE WAXBERRY CIR
City-St-Zip: HOBE SOUND, FL 33455

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 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: STEVEN G. PAPPAS

MGR

03/04/2008

Electronic Signature of Signing Officer or Director

Date