2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2009
Secretary of State

DOCUMENT# N02000008897

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:

FEI Number: 57-1138144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

PAPPAS, STEVEN G
9987 S.W. VENTURA DRIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

PARASCO, MARY S
8110 SW YACHTSMANS DRIVE
STUART, FL 34997 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: MARY S PARASCO 07/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: PARASCO, ODESSEFS
Address: 8110 SE YACHTSMANS DRIVE
City-St-Zip: STUART, FL 34997

Title: VP (X) Change ( ) Addition
Name: MONSMA, JOEL
Address: 7702 SE MUIR WOODS LANE
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: MARY S PARASCO TRES 07/19/2009
Electronic Signature of Signing Officer or Director Date