

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90417 001 ***122.50

DOCUMENT # N02072

1. Entity Name

GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC.

Principal Place of Business

Mailing Address

129 NORTH HALIFAX AVENUE
 DAYTONA BEACH FL 32118-4250

129 NORTH HALIFAX AVENUE
 DAYTONA BEACH FL 32118-4250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FUNDOUKOS, THEODORE E
1001 FAULKNER ST
NEW SMYRNA BCH FL 32168

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.

SIGNATURE FUNDOUKOS, THEODORE E. TD

21 APRIL 2000

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **STRATIS, TOM**
 STREET ADDRESS **1326 SHANGRI LA DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **FUNDOUKOS, THEODORE E**
 STREET ADDRESS **1001 FAULKNER ST**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CONSTANT, SAM**
 STREET ADDRESS **2204-B S PENINSULA AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **POLITIS, MICHAEL**
 STREET ADDRESS **2235 JOHN ANDERSON DR**
 CITY-ST-ZIP **ORMOND BCH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore E. Fundoukos (TD) **4/21/2000** **904-423-7822**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (TD) Date Daytime Phone #

CR2E037 (9/99)