

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008569

1. Entity Name
ST. NICHOLAS GREEK ORTHODOX PAROCHIAL
SCHOOL, INC.



Principal Place of Business
18 HIBISCUS ST.
TARPON SPRINGS, FL 34689

Mailing Address
18 HIBISCUS ST.
TARPON SPRINGS, FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005 Chg-NP CR2E037 (10/03)

4. FEI Number
85-0371578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PLANES, REGINA M
32700 US HWY. 19 NORTH
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name
U.C.C. Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue

City Tallahassee FL Zip Code 32301

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

Filing 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

TITLE D
NAME PLANES, REGINA
STREET ADDRESS 854 CYPRESS LAKE VIEW CT.
CITY-ST-ZIP TARPON SPRINGS, FL 34689 ☐ Delete

TITLE D
NAME PLANES, WILLIAM P
STREET ADDRESS 854 CYPRESS LAKE VIEW CT.
CITY-ST-ZIP TARPON SPRINGS, FL 34689 ☐ Delete

TITLE D
NAME MANIAS, NIKITAS
STREET ADDRESS 3483 WOODRIDGE PKWY.
CITY-ST-ZIP PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Dr./Secretary & CEO
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE Vice President
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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

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

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

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: William Planes

727-781-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 APR 29 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

