

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 023 ***150.00

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 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		
2. Principal Place of Business 32801 US Hwy 19 N. Suite, Apt. #, etc. Suite 100 City & State Palm Harbor, FL Zip 34684		3. Mailing Address 32801 US Hwy 19 N. Suite, Apt. #, etc. Suite 100 City & State City & State Zip Country		04272006 Chg-NP CR2E037 (4/06)	
4. FEI Number 85-0371578				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent U.C.C. FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME PLANES, REGINA STREET ADDRESS 854 CYPRESS LAKE VIEW CT. CITY - ST - ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE 32801 U.S. Highway 19 North NAME Suite 100 STREET ADDRESS Palm Harbor, FL 34684 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME PLANES, WILLIAM P CEO STREET ADDRESS 854 CYPRESS LAKE VIEW CT. CITY - ST - ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE 32801 U.S. Highway 19 North NAME Suite 100 STREET ADDRESS Palm Harbor, FL 34684 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME MANIAS, NIKITAS STREET ADDRESS 3483 WOODRIDGE PKWY. CITY - ST - ZIP PALM HARBOR, FL 34684	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE Vice President NAME Langfred W. White STREET ADDRESS 32801 US Hwy 19 N., Suite 100 CITY - ST - ZIP Palm Harbor, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Langfred W. White</i> ST. Nicholas Greek Orthodox Parochial School, Inc. as its <i>Vice President</i>					
Date: <i>727-781-9885</i> Daytime Phone #					