

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90159 039 \*\*\*\*\*61.25

<b>DOCUMENT # N03000008569</b>					
<b>1. Entity Name</b> ST. NICHOLAS GREEK ORTHODOX PAROCHIAL SCHOOL, INC.					
<b>Principal Place of Business</b> 2801 KEYSTONE RD TARPON SPRINGS, FL 34688			<b>Mailing Address</b> 32801 US HWY 19 NORTH PALM HARBOR, FL 34684		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 83-0371578	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  U.C.C. FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> PLANES, REGINA	<input type="checkbox"/> Delete		<b>TITLE</b> DIR.	<b>NAME</b> REGINA PLANES
<b>STREET ADDRESS</b> 32801 US HWY 19 NORTH SUITE 100	<b>CITY-ST-ZIP</b> PALM HARBOR, FL 34684		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DCEO	<b>NAME</b> PLANES, WILLIAM P	<input type="checkbox"/> Delete		<b>TITLE</b> DIR, CEO, PRES	<b>NAME</b> WILLIAM PLANES
<b>STREET ADDRESS</b> 32801 US HWY 19 NORTH SUITE 100	<b>CITY-ST-ZIP</b> PALM HARBOR, FL 34684		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VDT	<b>NAME</b> MANIAS, NIKITAS	<input type="checkbox"/> Delete		<b>TITLE</b> VP	<b>NAME</b> WILLIAM PLANES II
<b>STREET ADDRESS</b> 3483 WOODRIDGE PKWY.	<b>CITY-ST-ZIP</b> PALM HARBOR, FL 34684		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> WHITE, LANGFRED W	<input type="checkbox"/> Delete		<b>TITLE</b> VP	<b>NAME</b> SHEAWN BROWN
<b>STREET ADDRESS</b> 32815 US HWY 19 NO	<b>CITY-ST-ZIP</b> PALM HARBOR, FL 34684		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> ASST. SECY	<b>NAME</b> DAVID MARGULIES
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	