


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000000059 1. Entity Name GREEK ORTHODOX CHURCH OF THE ANNUNCIATION, INC.	
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Principal Place of Business 12250 NW 2ND AVENUE NORTH MIAMI FL 33168 US	Mailing Address 12250 NW 2ND AVENUE NORTH MIAMI FL 33168 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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PEREIRA, JOSEPH A JR 10300 SW 72 ST 470J MIAMI FL 33173	Name Street Address (P O Box Number is Not Acceptable) City
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Name Street Address (P O Box Number is Not Acceptable) City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALAVANIS, ANGELO	NAME	400000730362
STREET ADDRESS	12250 NW 2ND AVENUE	STREET ADDRESS	05/08/07-80077-015 61.25
CITY-ST-ZIP	NORTH MIAMI FL 33168	CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGALOS, GEORGIA	NAME	
STREET ADDRESS	12250 NW 2ND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33168	CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULOS, EMMANUEL	NAME	
STREET ADDRESS	12250 NW 2ND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33168	CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLASTARAS, MARINIKI	NAME	
STREET ADDRESS	12250 NW 2ND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33168	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Angelo Valavanis **ANGELO VALAVANIS** 4/22/07 305 3316439