

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000969

FILED
Apr 23, 2009
Secretary of State

Entity Name: ST. BARBARA GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY CHAPTER 5002, INC.

Current Principal Place of Business:

129 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

129 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 68-0549898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPPAS, GEORGE S
213 SILVER BEACH AVENUE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: XEPAPAS, ALIKI
Address: 2828 N ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: D () Delete
Name: ANDREOULAS, MARIA
Address: 50 MAYFIELD CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: KATRA, IRENE
Address: 2200 SOUTH PALMETTO AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: P () Delete
Name: KOLIRONOMOS, TOULA
Address: 158 HARYARD DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: VAROURES, BESSIE
Address: 27 GREEN FOREST DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: MCALLISTER, MARY
Address: 65 GREEN FOREST DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KLIRONOMOS, TOULA
Address: 158 HARYARD DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOULA KLIRONOMOS

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date