

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 FEB -2 AM 11:05

DOCUMENT # N12513 (0)

1. Corporation Name

ST. SOPHIA GREEK ORTHODOX CHURCH OF POLK COUNTY, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1030 BRADBURY RD.  
WINTER HAVEN FL 33880

P.O. BOX 7424  
WINTER HAVEN FL 33883-7424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1985	3a. Date of Last Report 04/22/1994
4. FEI Number 59-2628379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANELLOS, CHRISTINA  
1578 MARSHALL RD.  
WINTER HAVEN FL 33880

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LINDBERG, DANA
STREET ADDRESS	6925 BROKEN ARROW TRAIL S.
CITY - ST - ZIP	LANKLAND FL 33813-3708
TITLE	V
NAME	KALLIVROUSIS, NICK
STREET ADDRESS	4331 LAKE BUFFUM RD.
CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	T
NAME	ROUSSOS, ROULA
STREET ADDRESS	1155 MAPLE AVE. N.
CITY - ST - ZIP	BARTOW FL 33830
TITLE	S
NAME	CRISIS, EVANGELOS
STREET ADDRESS	21 OAKWOOD RD.
CITY - ST - ZIP	WINTER HAVEN FL 33880
TITLE	D
NAME	HOUVARDAS, EMMANUEL
STREET ADDRESS	1150 ALEGERIA CT.
CITY - ST - ZIP	BARTOW FL 33830
TITLE	D
NAME	IOANDIS, KATERINA
STREET ADDRESS	110 S. 0TH AVE.
CITY - ST - ZIP	WACHULA FL 33873

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Benda, Fred	
1.3 STREET ADDRESS	830 Sagamore	
1.4 CITY - ST - ZIP	Lakeland FL 33810	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kallivrousis, Nick	
2.3 STREET ADDRESS	4331 Lake Buffum Rd	
2.4 CITY - ST - ZIP	Lake Wales FL 33853	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Crikis, Evangelos	
4.3 STREET ADDRESS	21 Oakwood Rd.	
4.4 CITY - ST - ZIP	Winter Haven, FL 33880	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ridgway, Claude	
6.3 STREET ADDRESS	8425 Whisper Trail	
6.4 CITY - ST - ZIP	Lakeland FL 33809	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Nick Kallivrousis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nick KALLIVROUSIS 1-22-95

13th

13th

813

5312410