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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N12513 (0)

1. Corporation Name

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



Principal Place of Business

Mailing Address

1030 BRADBURY RD.  
WINTER HAVEN FL 33880

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

3. Date Incorporated or Qualified 12/13/1985  
3a. Date of Last Report 08/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 59-2628379  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDBERG, DANA	1.2 NAME	
STREET ADDRESS	6925 BROKEN ARROW TRAIL S.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LANKLAND FL 33813-3708	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUSSOS, ROULA	2.2 NAME	E.C. CRIKIS
STREET ADDRESS	1155 MAPLE AVE. N.	2.3 STREET ADDRESS	21 OAKWOOD DRIVE
CITY - ST - ZIP	BARTOW FL 33830	2.4 CITY - ST - ZIP	WINTER HAVEN FL 33880
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUVARDAS, EMMANUEL	3.2 NAME	MICHAEL RIDGWAY
STREET ADDRESS	1150 ALEGERIA CT.	3.3 STREET ADDRESS	8425 WHISPER TRAIL
CITY - ST - ZIP	BARTOW FL 33830	3.4 CITY - ST - ZIP	LAKELAND FL 33809-5014
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	TATIANA BENDA
STREET ADDRESS		4.3 STREET ADDRESS	830 SAGAMORE ST.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	POPI DIMOPOULOS
STREET ADDRESS		5.3 STREET ADDRESS	6622 WINTERSET GARDENS RD
CITY - ST - ZIP		5.4 CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *EC* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)