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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1000 BRADBURY RD. WINTER HAVEN FL 33880
Mailing Address: P.O. BOX 7424 WINTER HAVEN FL 33883-7424

3. Date Incorporated or Qualified: 12/13/1985
4. FEI Number: 59-2628379
Applied For: Not Applicable:

21. Principal Place of Business: Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address: Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent KANELLOS, CHRISTINA 1578 MARSHALL RD. WINTER HAVEN FL 33880	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL 85 Zip Code
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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: _____ (Signature type for print of name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDBERG, DANA		1.2 NAME	BOCHIS, GEORGE J.	
STREET ADDRESS	6925 BROKEN ARROW TRAIL S.		1.3 STREET ADDRESS	1043 HIDDEN COURT	
CITY - ST - ZIP	LAKELAND FL		1.4 CITY - ST - ZIP	LAKELAND, FL 33809	
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSOS, ROULA		2.2 NAME	ROUSSOS, ROULA	
STREET ADDRESS	1155 MAPLE AVE. N.		2.3 STREET ADDRESS	1155 MAPLE AVE. N.	
CITY - ST - ZIP	BARTOW FL 33830		2.4 CITY - ST - ZIP	BARTOW, FL 33830	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUVARDAS, EMMANUEL		3.2 NAME	HOUVARDAS, EMMANUEL	
STREET ADDRESS	1150 ALEGERIA CT.		3.3 STREET ADDRESS	1150 ALEGERIA CT.	
CITY - ST - ZIP	BARTOW FL 33830		3.4 CITY - ST - ZIP	BARTOW FL 33830	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISIS, E.C.		4.2 NAME	CRISIS, E.C.	
STREET ADDRESS	221 OAKWOOD DRIVE		4.3 STREET ADDRESS	221 OAKWOOD DRIVE	
CITY - ST - ZIP	WINTER HAVEN FL		4.4 CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGEWAY, MICHAEL		5.2 NAME		
STREET ADDRESS	8425 WHISPER TRAIL		5.3 STREET ADDRESS		
CITY - ST - ZIP	LAKELAND FL		5.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATIANA, BENDA		6.2 NAME		
STREET ADDRESS	830 SAGAMORE ST		6.3 STREET ADDRESS		
CITY - ST - ZIP	LAKELAND FL		6.4 CITY - ST - ZIP		

14. I 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: _____ 2/4/98 647-1581
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Phone # 0056871)

CR2E037 (10/97)