

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90019 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12513
 1. Corporation Name
ST. SOPHIA GREEK ORTHODOX CHURCH OF POLK COUNTY, INC.

Principal Place of Business 1030 BRADBURY RD. WINTER HAVEN FL 33880	Mailing Address P.O. BOX 7424 WINTER HAVEN FL 33883-7424
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/13/1985	4. FEI Number 59-2628379	Applied For Not Applicable
		5. Certificate of Status Destroyed <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	

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
 81 Name **GEORGE J. BOCHIS**
 82 Street Address (P.O. Box Number is Not Acceptable)
5015 SOUTH FLORIDA AVENUE, SUITE 200
 83
 84 City **LAKELAND** FL 85 Zip Code **33813**

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 office or registered agent, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *George J. Bochis* DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHIS, GEORGE J	1.2 NAME	
STREET ADDRESS	1043 HIDDEN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	
TITLE	ST-D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSOS, ROULA	2.2 NAME	
STREET ADDRESS	1155 MAPLE AVE. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	
TITLE	P-D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUVAROAS, EMMANUEL	3.2 NAME	
STREET ADDRESS	1150 ALEGRIA CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRKIS, E.C.	4.2 NAME	
STREET ADDRESS	221 OAKWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	X-D	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		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *George J. Bochis* SIGNATURE REQUIRED 1/26/99 941-647-1581
 DATE DATE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)