

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12513

1. Entity Name

ST. SOPHIA GREEK ORTHODOX CHURCH OF POLK COUNTY,

Principal Place of Business
**1030 BRADBURY RD.
 WINTER HAVEN FL 33880**

Mailing Address
**P.O. BOX 7424
 WINTER HAVEN FL 33883-7424**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2628379

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOCHIS, GEORGE J
 5015 S FLORIDA AVE
 STE 200
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name **Lindberg, Dana**
 Street Address (P.O. Box Number is Not Acceptable)
6925 Broken Arrow Tr. S.
 City **Lakeland** FL Zip Code **33813**

8. 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 *Dana Lindberg*

01/26/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **BOCHIS, GEORGE J**
 STREET ADDRESS **1043 HIDDEN COURT**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** Change Addition
 NAME **Arvanites, Chris**
 STREET ADDRESS **104 Laurel Cove way S.E.**
 CITY-ST-ZIP **Winter Haven, FL. 33884**

TITLE **D** Delete
 NAME **ROUSSOS, ROULA**
 STREET ADDRESS **1155 MAPLE AVE. N.**
 CITY-ST-ZIP **BARTOW FL. 33830**

TITLE **D** Change Addition
 NAME **George Kataras, George**
 STREET ADDRESS **6656 Royal Forest Drive**
 CITY-ST-ZIP **Lakeland, FL. 33811-3125**

TITLE **D** Delete
 NAME **HOUVARDAS, EMMANUEL**
 STREET ADDRESS **1150 ALEGERIA CT.**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** Change Addition
 NAME **Lindberg, Dana**
 STREET ADDRESS **6925 Broken Arrow Tr. S.**
 CITY-ST-ZIP **Lakeland, FL. 33813**

TITLE **D** Delete
 NAME **CRIKIS, E.C.**
 STREET ADDRESS **221 OAKWOOD DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition

TITLE **D** Delete
 NAME **RIDGEWAY, MICHAEL**
 STREET ADDRESS **8425 WHISPER TRAIL**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dana Lindberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/00 863-648-206
 Date Daytime Phone #