

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-01-2002 90352 006 ****61.25

DOCUMENT # N12513
1. Entity Name
ST. SOPHIA GREEK ORTHODOX CHURCH OF PALM COUNTY

DO NOT WRITE IN THIS SPACE

39539

| | | | |
|---|--|--|--|
| 2. Principal Place of Business <u>ST. SOPHIA GREEK ORTHODOX CHURCH</u> Suite, Apt. #, etc. <u>1030 BRADBURY ROAD</u> City & State <u>WINTER HAVEN, FL 33880</u> Zip <u>33880</u> Country <u>USA</u> | | 3. Mailing Address <u>ST. SOPHIA GREEK ORTHODOX CHURCH</u> Suite, Apt. #, etc. <u>P.O. Box 7424</u> City & State <u>WINTER HAVEN, FL</u> Zip <u>33880</u> Country <u>USA</u> | |
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| 4. FEI Number <u>59-0705213</u> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SAMUEL GJURICH

Street Address (P.O. Box Number is Not Acceptable)
1807 GARDEN LAKE DRIVE

City
WINTER HAVEN FL Zip Code
33884

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 Samuel Gjulich
SAMUEL GJURICH
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6/14/02
DATE

FEE IS \$61.25
Initial or Amended UBR

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

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PRESIDENT</u> <u>Roula Roussin</u> <u>1155 Maple Ave. Bartow FL 33830</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>VICE PRESIDENT</u> <u>John Baloni</u> <u>4915 S. Devonshire Lane</u> <u>LAKELAND, FL 33813</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>SECRETARY</u> <u>George T. Apostolos</u> <u>704 Lk. Ariana Blvd.</u> <u>Auburndale FL 32823</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>TREASURER</u> <u>Sam Gjulich</u> <u>1807 GARDEN LAKE DR</u> <u>WINTER HAVEN, FL 33884</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 on an attachment with an address, with or without other like empowerment.

SIGNATURE: Samuel Gjulich
SAMUEL GJURICH, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/02 Date

865-324-3573 Daytime Phone #

CR2E037B (12/01)