

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90038 015 \*\*\*\*61.25

**DOCUMENT # N12513**



1. Entity Name

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

Principal Place of Business

ST SOPHIA CREEK ORTHODOX CHURCH ST  
 1030 BRADBURY ROAD  
 WINTER HAVEN FL 33880

Mailing Address

ST SOPHIA CREEK ORTHODOX CHURCH ST  
 PO BOX 7424  
 WINTER HAVEN FL 33880

J4020937



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2628379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDBERG, DANA  
 6925 BROKEN ARROW TR. S.  
 LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PF	<input type="checkbox"/> Delete
NAME	ROUSSOS, ROULA	
STREET ADDRESS	1155 MAPLE AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BALASIS, JOHN	
STREET ADDRESS	49155 DEVONSHIRE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input type="checkbox"/> Delete
NAME	APOSTOLOS, GEORGE T	
STREET ADDRESS	704 LE ARIANA BLVD	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME	LINDBERG, DANA	
STREET ADDRESS	6925 BROKEN ARROW TR. S.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* Dana Lindberg

3/18/2004 863-687-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 863-687-4545