

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12513

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: ST. SOPHIA GREEK ORTHODOX CHURCH OF POLK COUNTY, INC.

**Current Principal Place of Business:**

ST SOPHIA GREEK ORTHODOX CHURCH  
1030 BRADBURY ROAD  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

ST SOPHIA GREEK ORTHODOX CHURCH  
PO BOX 7424  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 59-2628379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZARAS, NICHOLAS S TREASUR  
6656 ROYAL FOREST DR.  
LAKELAND, FL 33811      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: TALLEY, ELAINE PRES.  
Address: 277 BELL TOWER CROSSING W  
City-St-Zip: KISSIMMEE, FL 37459

Title: VP ( ) Delete  
Name: MILOR, JAMES R VP  
Address: 407 VILLAGE CIRCLE SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: TREA ( ) Delete  
Name: KATZARAS, NICHOLAS S TREA  
Address: 6656 ROYAL FOREST DR.  
City-St-Zip: LAKELAND, FL 33811

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR ( ) Change (X) Addition  
Name: KATZARAS, HELEN P  
Address: 6656 ROYAL FOREST DR.  
City-St-Zip: LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS S. KATZARAS

TREA

03/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date