


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91340 028 ****61.25

DOCUMENT # N12513

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



Principal Place of Business Mailing Address

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

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

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GJURKH, SAMUEL
1807 GARDEN LAKE DRIVE
WINTER HAVEN FL 33884

Lindberg, Dana
6925 Broken Arrow Tr. S.
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* 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PF	<input type="checkbox"/> Delete
NAME	ROUSSON, ROULA	
STREET ADDRESS	1155 MAPLE AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BALEM, FALN	
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	AUBURDALE FL 33823	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GJURICH, SAM	
STREET ADDRESS	1807 GARDEN LAKE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Roussos, Roula</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Balasis, John</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Dana Lindberg</i>	
STREET ADDRESS	<i>6925 Broken Arrow Tr. S.</i>	
CITY-ST-ZIP	<i>Lakeland, FL. 33813</i>	
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: *SIGNATURE REQUIRED* 4/16/2003 863-687-4545

CR2E037 (10/02)