

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90123 008 ****61.25

DOCUMENT # N42499

1. Entity Name

GREEK ORTHODOX CHURCH OF CHARLOTTE COUNTY, FLORI

Principal Place of Business

Mailing Address

24411 RAMPART BLVD
 PORT CHARLOTTE FL 33960
 US

24411 RAMPART BLVD
 PORT CHARLOTTE FL 33960-2702
 US

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

59-3057825

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

7. Name and Address of New Registered Agent

SANDERS, JAMES
3030 ST. KITTS CT
PUNTA GORDA FL 33950

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

21 January 2000

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 **KONTOS, ANDREW**
 STREET ADDRESS **409 LONDRINA**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **Director** Change Addition
 NAME **Dr. Tatania Eugenides**
 STREET ADDRESS **1801 Jamaica Way #222**
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **FOLAROS, ARTHUR**
 STREET ADDRESS **149 CADDY RD**
 CITY-ST-ZIP **ROTONDA WEST FL**

TITLE **Director** Change Addition
 NAME **Loula Carroll**
 STREET ADDRESS **6715 Marion St**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **VP** Delete
 NAME **ATHANAS, JAMES**
 STREET ADDRESS **7014 BEARDLEY RD**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **Dr. JOHN DIETRICH** Change Addition
 NAME **6162 Malton Rd**
 STREET ADDRESS **Northport, FL 14287**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **VAFEADES, GEOGRE**
 STREET ADDRESS **4022 BEAVER LANE, APT. 100 D**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **Director** Change Addition
 NAME **GUS PROKOS**
 STREET ADDRESS **2755 W. Marion Ave**
 CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **D** Delete
 NAME **COSTA, NICHOLAS**
 STREET ADDRESS **176 TORRINGTON**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SKLOM, GEORGE**
 STREET ADDRESS **263 Fry Terrace**
 CITY-ST-ZIP **Port Charlotte, FL.**

TITLE Change 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:

ARTHUR M. FOLAROS, Treasurer

20 Jan 00 697-1787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)