


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N42499					
1. Entity Name GREEK ORTHODOX CHURCH OF CHARLOTTE COUNTY, FLORIDA, INC.					
Principal Place of Business 24411 RAMPART BLVD PORT CHARLOTTE FL 33980 US			Mailing Address 24411 RAMPART BLVD PORT CHARLOTTE FL 33980 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3057825	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					



1st MOORE CR2E037 (10/04)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLOM, GEORGE M		NAME	U00000211792	
STREET ADDRESS	263 FRY TERR.		STREET ADDRESS	02/02/05-80132-021 61.25	
CITY- ST- ZIP	PORT CHARLOTTE FL 33952		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DOUGHERTY, MICHEAL		NAME		
STREET ADDRESS	2813 SW 29TH PLACE		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL FL 33914		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHANAS, JAMES		NAME		
STREET ADDRESS	7014 BEARDLEY RD		STREET ADDRESS		
CITY- ST- ZIP	ENGLEWOOD FL 34224		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, JOHN		NAME		
STREET ADDRESS	6162 MALTON ST		STREET ADDRESS		
CITY- ST- ZIP	NORTH PORT FL 34286		CITY- ST- ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROKOS, GUS MR		NAME		
STREET ADDRESS	2755 W MARION		STREET ADDRESS		
CITY- ST- ZIP	PUNTA GORDA FL 33950		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VRINIOTIS, GEORGE		NAME		
STREET ADDRESS	21961 BUXTON AVE		STREET ADDRESS		
CITY- ST- ZIP	PORT CHARLOTTE FL 33952		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: G.M. Sklom **G.M. SKLOM, TREASURER** 2/25/05 941-629-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #