


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 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

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3057825

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SKLON, GEORGE M
STREET ADDRESS	263 FRY TERR.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	SD
NAME	O'DOUGHERTY, MICHEAL
STREET ADDRESS	2813 SW 29TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	ATHANAS, JAMES
STREET ADDRESS	7014 BEARDLEY RD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	VD
NAME	DIETRICH, JOHN
STREET ADDRESS	6162 MALTON ST
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	DT
NAME	PROKOS, GUS MR
STREET ADDRESS	2755 W MARION
CITY-ST-ZIP	PUNTA GORDA, FL 33960
TITLE	T
NAME	VRINIOTIS, GEORGE
STREET ADDRESS	21961 BUXTON AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

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100000531569
 01/10/07 0001-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Sklon **G.M. SKLON** **TREASURER** **1/6/2007** **941-629-3882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #