

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90026 009 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3057825	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANDERS, JAMES 3030 ST. KITTS CT PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name <u>ANDREW KANTON, PRESIDENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>26057 PAYSANDU</u> City <u>PUNTA GORDA</u> <u>FL</u> Zip Code <u>33983</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKLOM, GEORGE M <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	263 FRY TERR.		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'DOUGHERTY, MICHEAL		NAME	<u>SKLOM, ELAINE</u>	
STREET ADDRESS	2813 SW 29TH PLACE		STREET ADDRESS	<u>25545 PALISADE RD</u>	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	<u>PUNTA GORDA, FL 33983</u>	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATHANAS, JAMES		NAME	<u>POLYCHRONIS, EMMANUEL</u>	
STREET ADDRESS	7014 BEARDLEY RD		STREET ADDRESS	<u>2125 PETER BOROUGH</u>	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	<u>PUNTA GORDA, FL 33983</u>	
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIETRICH, JOHN		NAME	<u>SANDERS, JAMES</u>	
STREET ADDRESS	6162 MALTON ST		STREET ADDRESS	<u>3830 ST. KITTS CT.</u>	
CITY-ST-ZIP	NORTH PORT, FL 34286		CITY-ST-ZIP	<u>PUNTA GORDA, FL 33950</u>	
TITLE	DT <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROKOS, GUS MR		NAME	<u>FOLAROS, ARTHUR</u>	
STREET ADDRESS	2755 W MARION		STREET ADDRESS	<u>149 CADDY ROAD</u>	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	<u>ROTONDA WEST, FL 33947</u>	
TITLE	T <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 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: <u>George M. Sklom</u> GEORGE M. SKLOM			1/20/2008 941-624-4896		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		