

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004815

FILED  
Apr 08, 2005  
Secretary of State

**Entity Name:** ST. DEMETRIOS GREEK ORTHODOX SPECIAL EVENTS OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

815 NORTHEAST 15TH AVENUE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

815 NORTHEAST 15TH AVENUE  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 59-1235704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TANGALAKIS, HARRY  
5571 BAYVIEW DRIVE  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MAIORANA, ANTONIO  
Address: 3321 N 34TH ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete  
Name: TANGALAKIS, HARRY  
Address: 5571 BAYVIEW DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VPD ( ) Delete  
Name: SIMITSES, JOHN  
Address: 1800 PARKSIDE CIRCLE S.  
City-St-Zip: BOCA RATON, FL 33486

Title: SD ( ) Delete  
Name: IOANNOU, JOHN JR.  
Address: 8821 SW 8TH SREET  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: MICHAELIDES, ARES  
Address: 2465 PROVENCE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY TANGALAKIS

P

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date