## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004815

FILED Feb 01, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 815 NORTHEAST 15TH AVENUE FORT LAUDERDALE, FL 33304 **Current Mailing Address: New Mailing Address:** 815 NORTHEAST 15TH AVENUE FORT LAUDERDALE, FL 33304 FEI Number: 59-1235704 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TANGALAKIS, HARRY 5571 BAYVIEW DRIVE FT. LAUDERDALE, FL 33308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition MAIORANA, ANTONIO Name: Name: 3321 N 34TH ST Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition TANGALAKIS, HARRY Name: Name: Address: 5571 BAYVIEW DRIVE Address: City-St-Zip: FT. LAUDERDALE, FL 33308 City-St-Zip: Title: VPD () Delete Title: () Change () Addition MICHAELIDES, ARES Name: Name: 2465 PROVENCE CIRCLE Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: IOANNOU, JOHN JR. Name: Address: 8821 SW 8TH SREET Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TONY MAIORANA TD 02/01/2007