

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701821

Entity Name: SAINT BARBARA GREEK ORTHODOX CHURCH OF THE
GREEK ORTHODOX COMMUNITY OF MANASOTA, INC.**Current Principal Place of Business:**7671 N. LOCKWOOD RIDGE RD.
SARASOTA, FL 34243-4931**Current Mailing Address:**7671 N. LOCKWOOD RIDGE RD.
SARASOTA, FL 34243-4931 US**FEI Number: 59-6136818****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SARDELIS, NICHOLAS
2033 MAIN STREET
SUITE 502
SARASOTA, FL 34237 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**Officer/Director Detail :**

Title	PRESIDENT
Name	HOBSON, DINA
Address	POST OFFICE BOX 221
City-State-Zip:	TERRA CEIA FL 34250

Title	VP
Name	VAN DIJK, ERIK
Address	17226 POLO TRAIL
City-State-Zip:	BRADENTON FL 34211

Title	TREASURER
Name	TORTORA, VINCE
Address	117 SHADY PARKWAY
City-State-Zip:	SARASOTA FL 34232

Title	ASST. TREASURER
Name	ELIAS, LOUIS
Address	5094 CREEKSIDE TRAIL
City-State-Zip:	SARASOTA FL 34243

Title	SECRETARY
Name	CHALVADAKIS, JOHN
Address	4918 WINTERHAVEN DRIVE
City-State-Zip:	SARASOTA FL 34233

Title	CORRESPONDING SECRETARY
Name	BABROSKI, ANGELA
Address	604 47TH STREET EAST
City-State-Zip:	BRADENTON FL 34208

I hereby 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 all other like empowered.

SIGNATURE: DINA HOBSON**PRESIDENT****03/07/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date