

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769185

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**2547616964CC**

**Entity Name:** ST. ELIZABETH GREEK ORTHODOX CHURCH OF GAINESVILLE, INC.

**Current Principal Place of Business:**

5129 NW 53 AVENUE  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5129 NW 53 AVENUE  
GAINESVILLE, FL 32653 US

**FEI Number:** 59-2455465

**Certificate of Status Desired:** No

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

MAYERNICK, FRANK P REV  
5129 NW 53RD AVE  
GAINESVILLE, FL 32653 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           THIEKE, ADRIENNE  
Address       1309 SW 101ST ST  
City-State-Zip: GAINESVILLE FL 32607

Title           SECRETARY  
Name           RUMMLER, JASON  
Address       4229 NW 43RD STREET  
                  APT E35  
City-State-Zip: GAINESVILLE FL 32606

Title           TREASURER  
Name           CARROLL, JOSEPH JAMES  
Address       9000 NW 27TH PL  
City-State-Zip: GAINESVILLE FL 32606

Title           VP  
Name           MAMANGAKIS, PANAGIOTES  
Address       700 SW 16TH AVENUE  
                  APT 111  
City-State-Zip: GAINESVILLE FL 32601

Title           ASST. TREASURER  
Name           WILLIAMSON, ETHAN JAMES  
Address       1600 NW 4TH AVE  
                  APT 12  
City-State-Zip: GAINESVILLE FL 32603

*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:** JOSEPH J. CARROLL

**TREASURER**

**03/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date