

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769185

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

**FILED**  
**Apr 19, 2023**  
**Secretary of State**  
**6454682286CC**

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

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

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

Title SECRETARY  
Name HARBILAS, STELLA  
Address 2922 NW 38 TH ST.  
City-State-Zip: GAINESVILLE FL 32606

Title ASST. TREASURER  
Name HANNA, MISHO  
Address 1218 NW 44 TH AVE.  
City-State-Zip: GAINESVILLE FL 32609

*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: MAMANGAKIS , PANAGIOTES**

**PRESIDENT**

**04/19/2023**

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

\_\_\_\_\_  
Date