

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 05 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 703950 (6)  
 1. Corporation Name  
 HOLY MOTHER OF GOD GREEK ORTHODOX CHURCH, INC.



Principal Place of Business Mailing Address  
 1645 PHILLIPS ROAD TALLAHASSEE FL 32308  
 1645 PHILLIPS ROAD TALLAHASSEE FL 32308

3. Date Incorporated or Qualified  
 04/26/1962  
 4. FEI Number  
 59-1709559 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 TALANTIS, KATHLEEN  
 2122 GLENNRIDGE  
 TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent  
 B1 Name  
 Papageorge, Mike  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 529 Frank Shaw Road  
 B3  
 B4 City  
 Tallahassee FL B5 Zip Code  
 32312

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: *Mike Papageorge* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	TALANTIS, KATHLEEN	2122 GLENNRIDGE	TALLAHASSEE FL	<input type="checkbox"/>
D	PAPAGEORGE, MIKE	529 FRANK SHAW RD	TALLAHASSEE FL 32312	<input type="checkbox"/>
D	KOJKOS, JIMMY	1906 ROSEDALE	TALLAHASSEE FL	<input type="checkbox"/>
TD	GAVALAS, JANET	1149 CIRCLE DR	TALLAHASSEE FL	<input checked="" type="checkbox"/>
SD	GEEKER, VAN P	5091 CENTENNIAL OAKS DR	TALLAHASSEE FL	<input checked="" type="checkbox"/>
D	POULOS, ANDREW	119 DEVEREAUX DR	THOMASVILLE GA 31702	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mike Papageorge* DATE: 7/2/98

CR2E037 (5/98)