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).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 703950

(6)

HOLY MOTHER OF GOD GREEK ORTHODOX CHURCH, INC.

FILED	
Aug 05 1998 8:00am	1
Secretary of State	



	-										
Principal Place of Business Mailing Address						1 100111 16011 0	#14# 1111# 1#3#E #3141 ##13 #4#11 #	INIS ASALI ESALS DE	BII BIBII 1881		
1645 PHILLIPS ROAD 1645 PHILLIPS ROAD TALLAHASSEE FL \$2308 TALLAHASSEE FL \$2308						3. Date Incorporated or Qualified 04/26/1962					
						4. FEI Number		Ar	plied For		
						59-170955	9	No	ot Applicable		
2. Principal Place of Business 2a. Malling Address 21 26						5. Certificate of S	5. Certificate of Status Desired \$8.75 Additional Fee Required				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
City & State City & State						7. Is this nonprofit corporation a homeowners association?					
Zip				Coun	untry 8. This corporation owes or has paid the current year intangible				angible		
24	25 29			30]No			
	9. Name and Add	ress of Current Regist	ered Agent		-1 -	10. Name and Ad	dress of New Registered	d Agent			
TALANTIS, KATHLEEN 2122 GLENNRIDGE TALLAHASSEE FL 32308					Street 52	Address (P.O. Box Number) frank sha	r is Not Acceptable)				
	,				City	11 a hassee	FI	L 85 Zip 9	Code スレン		
11. Pursuant	to the provisions of sec	tions 647.0502 and 617.	1508, Florida Statutes,	the above	-named co	rporation submits this state			istered		
agent. I a	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	Signature, typed or printed na	CALLAND AND THE PROPERTY OF TH	applicable. (NOT	E: Registered	1 Agent signatu	re required when reinstating)	DATE				
12.		OFFICERS AND DIRE		13.		ADDITIONS/CH	ANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
TITLE	PD		O DELETE O	1.1 TITL	E			Change	Addition		
NAME	TALANTIS, KATHLE		· · · · · · · · · · · · · · · · · · ·	1.2 NAM	ΙE						
STREET ADDRESS	2122 GLENNRIDGE		1/3	1.3 STR	EET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CIT							
TITLE	D TAGEORGE AND	<i>-</i>	DELETE	2.1 TITL		President		Change	Addition		
NAME	PAPAGEORGE, MI			2.2 NAM		Papageorge, Mi 528 Frank Sh	he .				
STREET ADDRESS				1	EET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL	32312		2.4 CIT	~~~~~	Tallahuszee			<u> </u>		
TITLE	NOINOU IIITIN		DELETE	3.1 TITL		Vice-President		Change	Addition		
NAME	KOKOS, JIMMY			3.2 NAM		Holkon, Jim	<i>^</i> ~>				
STREET ADDRESS	1905 ROSEDALE TALLAHASSEE FL				EET ADDRESS						
CITY-ST-ZIP	TD TO		N/	3.4 CITY		Tallahasses		<u></u>			
TITLE	GAVALAS, JANET		X DELETE	4.7 III.	L IC	1 re u su resp		Change	Addition		
NAME	1149 CIRCLE DR			4.2.070		Treusures typreos Ev 1300 s. mer:	A 5+1017				
	TALLAHASSEE FL			4.4 CITY		Tallahosse					
CITY-ST-ZIP TITLE	SD		DELETE	5.1 TITL		Jecretary	, 11) 23 0 1	Change	Addition		
NAME	GEEKER, VAN P		DECETE	5.2 NAM		VI VIII VI		Change	MI Addition		
	5091 CENTENNIAL	OAKS DR		1	EET ADDRESS	John Vlandi	.5				
	TALLAHASSEE FL	VINCE DIT		5.4 CITY		2, 22 DO1041	1110 DAIVE				
CITY-ST-ZIP TITLE	D.		DELETE	6.1 TITL		Tallahasres	4. FL 32512	Change	Addition		
NAME	POULOS, ANDREW	I	DELETE	6.2 NAM				Change			
	113 DEVEREAUX D				EET ADORESS						
CITY-ST-ZIP	THOMASVILLE GA			6.4 CITY							
			a does not qualify for th			l n section 119.07(3)(i), Florid	da Statutes. I further certif	y that the infor	mation		

Instety certify that the information supplied with this ming 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, o'on an attachment with an address.

SIGNATURE: