

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **713602** (1)
1. Corporation Name

HOLY TRINITY PHILIPTOHOS SOCIETY, INC.



Principal Place of Business: **409 COACHMAN ROAD CLEARWATER FL 34625**
Mailing Address: **409 COACHMAN ROAD CLEARWATER FL 34625**

3. Date Incorporated or Qualified: **11/09/1967**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-1200958**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAGOS, EUGENIE
125 LEEWARD ISLAND
CLEARWATER FL 33515**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **400001775234**
83: **-04/10/96--01042--007**
84 City: *****61.25** FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: COCOTAS, CATHERINE	1.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 600 RICHARDS AVE CLEARWATER FL	CITY-ST-ZIP: CLEARWATER FL	1.2 NAME: PROKOS, CHRISTINE
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: PROKOS, CHRISTIN	1.3 STREET ADDRESS: 1561 GLEN HOLLOW LN. So. DUNEDIN, FL. 34698
STREET ADDRESS: 1561 GLEN HOLLOW LN S DUNEDIN FL	CITY-ST-ZIP: DUNEDIN FL	1.4 CITY-ST-ZIP: DUNEDIN, FL. 34698
TITLE: V <input checked="" type="checkbox"/> DELETE	NAME: KATOPIS, ANN	2.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2473 MOORE HAVE DR W CLEARWATER FL	CITY-ST-ZIP: CLEARWATER FL	2.2 NAME: TRINOS, MARY
TITLE: S <input checked="" type="checkbox"/> DELETE	NAME: TSIKOS, ESTHER	2.3 STREET ADDRESS: 851 S. BAYWAY Blvd. #801 CLEARWATER, FL. 34630-2623
STREET ADDRESS: 2132 COLLEGE DR CLEARWATER FL	CITY-ST-ZIP: CLEARWATER FL	2.4 CITY-ST-ZIP: CLEARWATER, FL. 34630-2623
TITLE: S <input checked="" type="checkbox"/> DELETE	NAME: TSEVDOS, FAYE	3.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2637 CYPRESS BEND DR CLEARWATER FL	CITY-ST-ZIP: CLEARWATER FL	3.2 NAME: ANDRISO, JULIE
TITLE: TD <input type="checkbox"/> DELETE	NAME: CHAKERES, SOPHIA	3.3 STREET ADDRESS: 1429 STURBRIDGE Ct. DUNEDIN, FL 34698
STREET ADDRESS: 2852 PHEASANT RUN CLEARWATER FL	CITY-ST-ZIP: CLEARWATER FL	3.4 CITY-ST-ZIP: DUNEDIN, FL 34698
		4.1 TITLE: RECORDING SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME: VATISTAS, ELENA
		4.3 STREET ADDRESS: 1538 BONAIR ST. CLEARWATER, FL 34615
		4.4 CITY-ST-ZIP: CLEARWATER, FL 34615
		5.1 TITLE: CORRESPONDING SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME: KOSTANTENAKAS, DOROTHY
		5.3 STREET ADDRESS: 2062 ENVOY, CT. CLEARWATER, FL. 34624
		5.4 CITY-ST-ZIP: CLEARWATER, FL. 34624
		6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME: _____
		6.3 STREET ADDRESS: _____
		6.4 CITY-ST-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Christine Prokos 2/4/96 (813) 733-4591
DATE: _____ DAYTIME PHONE: _____

CR2E037 (12/95)

Handwritten initials and date: 4-9-96