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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90024 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713602
 1. Corporation Name
HOLY TRINITY PHILOPTHOS SOCIETY, INC.

Principal Place of Business 409 COACHMAN ROAD CLEARWATER FL 34625	Mailing Address 409 COACHMAN ROAD CLEARWATER FL 34625 33765
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/09/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1200958
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent TRAGOS, EUGENE 125 LEEWARD ISLAND CLEARWATER FL 33515	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINOS, MARY	1.2 NAME	
STREET ADDRESS	851 S BAYWAY BLVD, APT 801	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630-2623	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULOS, ANNA	2.2 NAME	POULOS, ANNA
STREET ADDRESS	3062 EASTLAND BLVD, D113	2.3 STREET ADDRESS	2231 UTOPIAN DR. EAST #309
CITY-ST-ZIP	CLEARWATER FL 33761-4170	2.4 CITY-ST-ZIP	CLEARWATER, FL 34623
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITSIMIS, CONNIE	3.2 NAME	
STREET ADDRESS	3822 MUIRMIELD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAKERES, SOPHIA	4.2 NAME	
STREET ADDRESS	2967 BROOKFIELD LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCOTAS, CATHERINE	5.2 NAME	
STREET ADDRESS	600 RICHARDS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAKERES, SOPHIA	6.2 NAME	
STREET ADDRESS	2852 PHEASANT RUN	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: *[Signature]* 3/31/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1-1/98)