FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:00

DOCUMENT # 764098 (0)

1. Corporation Name

THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
4705 W. GULF TO LAKE HWY LECANTO FL 34461 US	P.O. BOX 241 INVERNESS FL 34451-241 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1982
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-2424269 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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

MAVROS, GEORGE S
6 BYRSONIMA COURT W.
SUGARMILL WOODS
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

(01) Name
(02) Street Address (P.O. Box Number is Not Acceptable)
(03)
(04) City — FL — (05) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE 1/22/95
Signature of new registered agent if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LOUPOS, GEORGE	1.2 NAME	
STREET ADDRESS	105 SO HARRISON STR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	KANIARIS, CAROLE	2.2 NAME	
STREET ADDRESS	6675 S. EASTERN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	PONTICOS, STEPHAN	3.2 NAME	
STREET ADDRESS	7 BYRSONIMA COURT W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	MAVROS, GEORGE S	4.2 NAME	
STREET ADDRESS	6 BYRSONIMA CT W	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	KANARIS, GEORGE	5.2 NAME	
STREET ADDRESS	9 BYRSONIMA CT W	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ZELNERONOK, NICHOLAI	6.2 NAME	
STREET ADDRESS	531 SW 1 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	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)(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: _____ 1/22/95 904 344-6547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGE S. MAVROS, President

00041063