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Feb 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 764098 (0)

1. Corporation Name

THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLO
RIDA, INC.



Principal Place of Business

Mailing Address

4705 W. GULF TO LAKE HWY
LECANTO FL 34461
US

P.O. BOX 241
INVERNESS FL 34451-0241
US

3. Date Incorporated or Qualified
06/30/1982

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2424269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 GEORGE S. MAVROS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Signature of agent required when reinstating)

DATE

1/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LOUPOS, GEORGE
STREET ADDRESS 105 SO HARRISON STR
CITY-ST-ZIP BEVERLY HILLS FL

1.1 TITLE D
1.2 NAME DALMANIERAS, ALEX
1.3 STREET ADDRESS 2634 E. MARCIA STREET
1.4 CITY-ST-ZIP INVERNESS, FL 34453

TITLE S
NAME COLOGNA, JOHN
STREET ADDRESS 29 LECANTO
CITY-ST-ZIP LECANTO FL

2.1 TITLE S
2.2 NAME COLOGNA, JOHN
2.3 STREET ADDRESS 4410 W. SANDY HILL STREET
2.4 CITY-ST-ZIP LECANTO, FL 34460

TITLE T
NAME PONTICOS, STEPHAN
STREET ADDRESS 7 BYRSONIMA COURT W.
CITY-ST-ZIP HOMOSASSA FL

3.1 TITLE D
3.2 NAME MARCURI, DROSOS
3.3 STREET ADDRESS 1290 E. TRIPLE CROWN LOOP
3.4 CITY-ST-ZIP HERMANO, FL 34442

TITLE P
NAME MAVROS, GEORGE S
STREET ADDRESS 6 BYRSONIMA CT W
CITY-ST-ZIP HOMOSASSA, FL 00000

4.1 TITLE D
4.2 NAME STOUKIDES, HELEN
4.3 STREET ADDRESS 4719 N. LENA DR.
4.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE V
NAME KANARIS, GEORGE
STREET ADDRESS 9 BYRSONIMA CT W
CITY-ST-ZIP HOMOSASSA FL

5.1 TITLE D
5.2 NAME MEYER, PAUL
5.3 STREET ADDRESS 1429 E. ST. JAMES LOOP
5.4 CITY-ST-ZIP HERMANO, FL 34453

TITLE D
NAME ZELNERONOK, NICHOLAI
STREET ADDRESS 531 SW 1 AVE
CITY-ST-ZIP CRYSTAL RIVER FL

6.1 TITLE D
6.2 NAME POULOS, JOHN
6.3 STREET ADDRESS 1625 N. PROSPECT AVENUE
6.4 CITY-ST-ZIP LECANTO, FL 34461

14. I do 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: GEORGE S. MAVROS, PRESIDENT 1/25/97 3446547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0085333

CR2E037 (9/96)