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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

06/30/1982

4. FEI Number

59-2424269

Applied For

Not Applicable

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**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 34448**

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, printed name of registered agent and title if applicable

President GEORGE S. MAVROS 1/24/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOUPOS, GEORGE	
STREET ADDRESS	105 SO HARRISON STR	
CITY-ST-ZIP	BEVERLY HILLS FL	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARCURI, DROSOS	
1.3 STREET ADDRESS	1290 E. Triple Crown Loop	
1.4 CITY-ST-ZIP	Hernando, FL 34442	

TITLE	S	<input type="checkbox"/> DELETE
NAME	COLOGNA, JOHN	
STREET ADDRESS	4410 W SANDY HILL STREET	
CITY-ST-ZIP	LECANTO FL	

2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MYER, PAUL	
2.3 STREET ADDRESS	1429 E. ST. JAMES LOOP	
2.4 CITY-ST-ZIP	INVERNESS, FL 34453	

TITLE	T	<input type="checkbox"/> DELETE
NAME	PONTICOS, STEPHAN	
STREET ADDRESS	7 BYRSONIMA COURT W.	
CITY-ST-ZIP	HOMOSASSA FL	

3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NESTOR, DAN	
3.3 STREET ADDRESS	5 DUSTY MILLER COURT	
3.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	

TITLE	P	<input type="checkbox"/> DELETE
NAME	MAVROS, GEORGE S	
STREET ADDRESS	6 BYRSONIMA CT W	
CITY-ST-ZIP	HOMOSASSA, FL 00000	

4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	POULOS, JOHN	
4.3 STREET ADDRESS	1625 N. PROSPECT AVE	
4.4 CITY-ST-ZIP	LECANTO, FL 34461	

TITLE	V	<input type="checkbox"/> DELETE
NAME	KANARIS, GEORGE	
STREET ADDRESS	9 BYRSONIMA CT W	
CITY-ST-ZIP	HOMOSASSA FL	

5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SKOURDOUK, ELLEN	
5.3 STREET ADDRESS	9808 SW 125 CIRCLE	
5.4 CITY-ST-ZIP	DUNNELLON, FL 34432	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZELNERONOK, NICHOLAI	
STREET ADDRESS	531 SW 1 AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	

6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STOIKIDES, HELEN	
6.3 STREET ADDRESS	1719 N. LENA DR	
6.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	

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.

SIGNATURE *George S. MAVROS* *President*

CR2E037 (10/97)