

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764098

FILED
Jan 17, 2004
Secretary of State**Entity Name:** THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLORIDA, INC.**Current Principal Place of Business:**4705 W. GULF TO LAKE HWY
LECANTO, FL 34461 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 241
INVERNESS, FL 34451241 US**New Mailing Address:****FEI Number:** 59-2424269**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAVROS, GEORGE S
6 BYRSONIMA COURT W.
SUGARMILL WOODS
HOMOSASSA, FL 34446 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARCURI, DROSOS
Address: 1290 E TRIPLE CROWN LOOP
City-St-Zip: HERNANDO, FL 34442

Title: S () Delete
Name: NESTOR, DAN E
Address: 5 DUSTY MILLER CT
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: PONTICOS, STEPHAN
Address: 7 BYRSONIMA COURT W.
City-St-Zip: HOMOSASSA, FL

Title: P () Delete
Name: MAVROS, GEORGE S,
Address: 6 BYRSONIMA CT W
City-St-Zip: HOMOSASSA, FL 00000,

Title: V () Delete
Name: KANARIS, GEORGE
Address: 9 BYRSONIMA CT W
City-St-Zip: HOMOSASSA, FL

Title: D () Delete
Name: DALMANIERAS, ALEX
Address: 2634 E. MARCIA STREET
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NESTOR, DAN E
Address: 5 DUSTY MILLER CT
City-St-Zip: HOMOSASSA, FL 34446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MAVROS, GEORGE S DR
Address: 6 BYRSONIMA CT W
City-St-Zip: HOMOSASSA, FL 34446

Title: V (X) Change () Addition
Name: KANARIS, GEORGE
Address: 9 BYRSONIMA CT W
City-St-Zip: HOMOSASSA, FL 34446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE S. MAVROS

P

01/17/2004

Electronic Signature of Signing Officer or Director

Date