

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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-03/28/96--01025--012
***61.25

DOCUMENT # **764218 (4)**
1. Corporation Name
ST. GEORGE GREEK ORTHODOX CHURCH, INC.



Principal Place of Business: **9426 LITTLE ROAD NEW PORT RICHEY FL 34654**
Mailing Address: **9426 LITTLE ROAD NEW PORT RICHEY FL 34654**

3. Date Incorporated or Qualified: **07/20/1982**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-2588954** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**PSETAS, GEORGE C.
9429 HILLTOP DRIVE
NEW PORT RICHEY FL 34654**

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Pres. - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTARIS, WILLIAM	1.2 NAME	KORDIS, JAMES
STREET ADDRESS	10236 TURKEY OAK DR.	1.3 STREET ADDRESS	4920 Galleon Ct.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	VPT	2.1 TITLE	1st. V.P. - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEATH III, EDWARD H	2.2 NAME	PSETAS, GEORGE C.
STREET ADDRESS	5616 FIELDSPRING AVE.	2.3 STREET ADDRESS	9429 Hill Top Dr.
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	ST	3.1 TITLE	2nd V. P. - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, KOULLA	3.2 NAME	HEATH, III, EDWARD H.
STREET ADDRESS	P.O. BOX 225 N/A	3.3 STREET ADDRESS	5616 Fieldspring Ave.
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34655
TITLE	DCS	4.1 TITLE	TREAS. - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNAS, PATRICIA	4.2 NAME	FOKAS, ELENE
STREET ADDRESS	8503 BEACH ROAD	4.3 STREET ADDRESS	8283 Shoup Street
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	VPO	5.1 TITLE	Asst. Treas. - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORDIS, JAMES	5.2 NAME	BASOLIS, RONALD E.
STREET ADDRESS	4920 GALLEON CT.	5.3 STREET ADDRESS	8924 Forest Lake Drive
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	TD	6.1 TITLE	Sec. - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOKAS, ELENE	6.2 NAME	TOWNSEND, HUGH
STREET ADDRESS	8283 SHOUP STREET	6.3 STREET ADDRESS	9701 Hermosillo Dr.
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP	New Port Richey, FL 34655

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)(k), 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: *Elene Fokas, Treas.* *Elene Fokas* *7/10/96* (904) 688-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Elene Fokas
7-27-96