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04-21-1999 90138 029 ****61.25

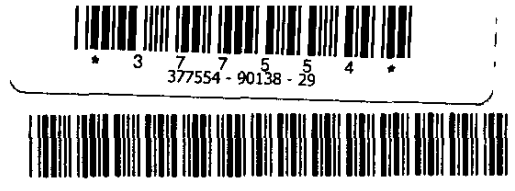
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764218

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/20/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2588954
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PTESAS, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPI, HELEN	1.2 NAME	
STREET ADDRESS	5306 FOREST HILLS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COULIANOUS, JOHN	2.2 NAME	Manny Papaemanuel
STREET ADDRESS	4980 GALLEON CT	2.3 STREET ADDRESS	1115 Tournament Drive.
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAMATOPOULOS, BARBARA	3.2 NAME	Hugh Townsend
STREET ADDRESS	8725 WOOD CREST DR	3.3 STREET ADDRESS	9701 Hermosillo Dr.
CITY-ST-ZIP	PT RICHEY FL 34668	3.4 CITY-ST-ZIP	New Port Richey, FL 34655
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, EDWARD H III	4.2 NAME	
STREET ADDRESS	5616 FIELD SPRING AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655-1100	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIOS, JOHN	5.2 NAME	George Kolettis
STREET ADDRESS	7810 BLOOMFIELD DR	5.3 STREET ADDRESS	5041 Circus Ln.
CITY-ST-ZIP	NEW PORT RICHEY FL 34668	5.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	2nd VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, KOULLA	6.2 NAME	
STREET ADDRESS	3619 ASHTON CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Edward H. Heath III* **Edward H. Heath III** 4/16/99 727-376 2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)