

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

DOCUMENT # N94000005476 (6)

1. Corporation Name

**BROTHERHOOD OF THE APOSTOLIC CHURCH OF THE TRUE
ORTHODOX CHRISTIANS OF GREECE AND ABROAD, INC.**



Principal Place of Business

Mailing Address

1601 KEENE ROAD
CLEARWATER FL 34616
US

1601 KEENE ROAD
CLEARWATER FL 34616
US

3. Date Incorporated or Qualified
11/02/1994

3a. Date of Last Report
03/28/1995

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
59-3284942

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

ZACHAROPOULOS, KALLINIKOS S.
1601 KEENE ROAD
CLEARWATER FL 34616

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAHAROPOULOS, KALLINIKOS S	
STREET ADDRESS	1601 KEENE ROAD	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DASKALOPOULOS, GEORGE	
STREET ADDRESS	19 HARBOR OAKS CIR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	LAMBROS, HARRY	
STREET ADDRESS	3705 36TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Kallinikos Zacharopoulos	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1601 Keene Road	
1.3 STREET ADDRESS	Clearwater, FL 34616	
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ekaterini Tsoukanara	
2.3 STREET ADDRESS	1601 Keene Road	
2.4 CITY-ST-ZIP	Clearwater, FL 34616	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vasilios Katsoulis	
3.3 STREET ADDRESS	1601 Keene Road	
3.4 CITY-ST-ZIP	Clearwater, FL 34616	
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dimitris Hararis	
4.3 STREET ADDRESS	13473 Croft Drive N.	
4.4 CITY-ST-ZIP	Largo, FL 34644	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Theaharis Tsoukanaras	
5.3 STREET ADDRESS	1601 Keene Road	
5.4 CITY-ST-ZIP	Clearwater, FL 34616	
6.1 TITLE	Chairman of Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1-31-96*
Daytime Phone #

CR2E037 (12/95)