

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 18 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 1601 KEENE ROAD CLEARWATER FL 34616 US	Mailing Address 1601 KEENE ROAD CLEARWATER FL 34616 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1994	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-3284942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ZACHAROPOULOS, KALLINIKOS S.  
 1601 KEENE ROAD  
 CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAHAROPOULOS, KALLINIKOS S	
STREET ADDRESS	1601 KEENE ROAD	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DASKALOPOULOS, GEORGE	
STREET ADDRESS	19 HARBOR OAKS CIR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34895	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAMBROS, HARRY	
STREET ADDRESS	3705 38TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TSOUKANARA, EKATERINI	
STREET ADDRESS	1601 KEENE ROAD	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SAVAS, JOHN	
STREET ADDRESS	1416 HILL DRIVE	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARARIS, DIMITRIS	
STREET ADDRESS	13473 CROFT DRIVE N.	
CITY-ST-ZIP	LARGO FL 34644	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ DATE 8/12/97 (813) 536-1779

CR2E037 (4/97)