

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3555 GLOSSY IBIS CT.
PALM HARBOR FL 34683

3555 GLOSSY IBIS CT.
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/02/1994

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1601 Keene Road

26 1601 Keene Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34616

25 Pinellas

29 34616

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACHARPOULOS, KALLINIKOS S
3555 GLOSSY IBIS CT.
PALM HARBOR FL 34683

81 Name

Zacharopoulos, Kallinikos, S.

82 Street Address (P.O. Box Number is Not Acceptable)

1601 Keene Road

83

Clearwater,

84 City

FL

85 Zip Code
34616

11. Pursuant to the provisions of Sections 607.0505 and 607.1508 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 607.0505 Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ZACHARPOULOS, KALLINIKOS S
STREET ADDRESS 3555 GLOSSY IBIS CT.
CITY - ST - ZIP PALM HARBOR FL 34683

11 TITLE PD ☒ Change ☐ Addition
12 NAME Zacharopoulos, Kallinikos S.
13 STREET ADDRESS 1601 Keene Road
14 CITY - ST - ZIP Clearwater, FL 34616

TITLE PD
NAME DASKALOPOULOS, GEORGE
STREET ADDRESS 19 HARBOR OAKS CIR.
CITY - ST - ZIP SAFETY HARBOR FL 34695

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE TD
NAME LAMBROS, HARRY
STREET ADDRESS 3705 36TH AVE. W.
CITY - ST - ZIP BRADENTON FL 34205

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on last 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 of this report, or on an attachment with an address.

SIGNATURE:

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

Date

Signature Marked

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