

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 # N08694 (4)

1. Corporation Name

EVAGGELISMOS GREEK ORTHODOX CHURCH, INC., NPC.

Principal Place of Business

**1601 KEENE RD.
CLEARWATER FL 34616-6417**

Mailing Address

**1601 KEENE RD.
CLEARWATER FL 34616-6417**



3. Date Incorporated or Qualified
04/12/1985

3a. Date of Last Report
03/15/1995

4. FEI Number
59-2520922

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KANTARAS, K. DEAN
2725 PARK DR., STE. 3
CLEARWATER FL 34623**

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.

TITLE **PSD** ☐ DELETE
NAME **ZACHAROPOULOS, KALLINIKOS FATHER**
STREET ADDRESS **1601 KEENE RD.**
CITY-ST-ZIP **CLEARWATER FL 34616**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Kallinikos Zacharopoulos
1601 Keene Road
Clearwater, FL 34616
President

☒ Change ☐ Addition

TITLE **VPD** ☐ DELETE
NAME **DASKALOPOULOS, GEORGE**
STREET ADDRESS **19 HARBOR OAKS CIRCLE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Vasilios Katsoulis
1601 Keene Road
Clearwater, FL 34616
Vice President

☒ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **DASKALOPOULOS, MIKE**
STREET ADDRESS **2188 HARTFORD WAY**
CITY-ST-ZIP **CLEARWATER FL 34623**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Katerini Tsoukanara
1601 Keene Road
Clearwater, FL 34616
Secretary

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Dimitris Hararis
13473 Croft Drive N.
Largo, FL 34644 34616
Treasurer

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Theaharis Tsoukanaras
1601 Keene Road
Clearwater, FL 34616
Chairman of Board

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (12/95)