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
1997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZAHAROPOULOS, KALLINIKOS S		1.2 NAME	
STREET ADDRESS	1601 KEENE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY-ST-ZIP	
TITLE	PD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DASKALOPOULOS, GEORGE		2.2 NAME	
STREET ADDRESS	19 HARBOR OAKS CIR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMBROS, HARRY		3.2 NAME	
STREET ADDRESS	3705 36TH AVE. W.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205		3.4 CITY-ST-ZIP	
TITLE	S	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TSOUKANARA, EKATERINI		4.2 NAME	
STREET ADDRESS	1601 KEENE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SAVAS, JOHN		5.2 NAME	
STREET ADDRESS	1416 HILL DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HARARIS, DIMITRIS		6.2 NAME	
STREET ADDRESS	13473 CROFT DRIVE N.		6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644		6.4 CITY-ST-ZIP	

CR2E037 (4/97)

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: [illegible] REQUIRED 8/12/97 (813)536-