02241999-90121-033-$61.25-$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90121 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30728

1. Corporation Name
RETIRED GREEK ORTHODOX CLERGY OF AMERICA, INC.

Principal Place of Business	Mailing Address
1480 SHERIDAN ST. APT. B16 HOLLYWOOD FL 32084 US	1480 SHERIDAN ST. APT. B16 HOLLYWOOD FL 32084 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/16/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0124250 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PHILEMON PAYIATIS
1480 SHERIDAN ST.
APT. B16
HOLLYWOOD FL 32084

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	PRESIDENT ☐ Change ☐ Addition
NAME	REV. WILLIAM G. GAINES		1.2 NAME	Rev. William G. Cams
STREET ADDRESS	4712 MARSEILLE PLACE		1.3 STREET ADDRESS	4712 MARSEILLE Place
CITY-ST-ZIP	METAIRIE LA 70002		1.4 CITY-ST-ZIP	METAIRIE LA 70002
TITLE	T	☐ DELETE	2.1 TITLE	TREASURE ☐ Change ☐ Addition
NAME	PHILEMON PAYIATIS		2.2 NAME	PHIL PAYIATIS
STREET ADDRESS	1480 SHERIDAN ST., APT. B16		2.3 STREET ADDRESS	1480 SHERIDAN St. Apt B16
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Hollywood FL. 33020
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD ☐ Change ☐ Addition
NAME	MEKRAS, DEMOSTHENES		3.2 NAME	MEKRAS, DEMOSTHENES
STREET ADDRESS	135 SW 22ND RD.		3.3 STREET ADDRESS	153 SW 22nd Rd.
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI Fla
TITLE	SD	☐ DELETE	4.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	PAPADEAS, GEORGE		4.2 NAME	PAPADEAS GEORGE
STREET ADDRESS	917 VALENCIA DR.		4.3 STREET ADDRESS	917 VALENCIA DR.
CITY-ST-ZIP	S.DAYTONA BEACH FL		4.4 CITY-ST-ZIP	S. DAYTONA BEACH FL.
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Rev. Philemon Payiatis — March 1 99 — 954-920 1435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #