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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769185 1. Corporation Name ST. ELIZABETH GREEK ORTHODOX CHURCH OF GAINESVILLE, INC.					
Principal Place of Business 5129 NW 53 AVENUE GAINESVILLE FL 32653 US			Mailing Address 5129 NW 53 AVENUE GAINESVILLE FL 32653 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/30/1983 4. FEI Number 29-2461060 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent SCHEFFER, GEORGE 2818 S.W. 2ND AVENUE GAINESVILLE FL 32607				10. Name and Address of New Registered Agent 81 Name R. Raymond Issa 82 Street Address (P.O. Box Number is Not Acceptable) 2129 SW 78 th Ter. 83 84 City Gainesville FL 85 Zip Code 32607	
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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 R. RAYMOND ISSA DATE 5/7/99

(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	VPD	1.1 TITLE	
NAME	HARBILAS, WILLIAM	1.2 NAME	
STREET ADDRESS	2922 NW 38TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	
TITLE	DIAVOLTSIS, STAVROS	2.1 TITLE	Treasurer
NAME	2717 NW 58TH BLVD	2.2 NAME	Therese Hirko
STREET ADDRESS	GAINESVILLE FL	2.3 STREET ADDRESS	6737 NW 37th Ter.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE	PD	3.1 TITLE	
NAME	ISSA, R. RAYMOND	3.2 NAME	
STREET ADDRESS	2129 SW 78 TER	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	HERKOV, MICHAEL	4.2 NAME	
STREET ADDRESS	407 SW 134TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 R. RAYMOND ISSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)