

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # N30728</b> 1. Entity Name <b>RETIRED GREEK ORTHODOX CLERGY OF AMERICA, INC.</b>					
Principal Place of Business <b>6799 BISMARK RD SUITE I COLORADO SPRINGS CO 80922 US</b>			Mailing Address <b>6799 BISMARK RD SUITE I COLORADO SPRINGS CO 80922 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>NO-T APPLICABLE</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PHILEMON PAYIATIS 1480 SHERIDAN ST. APT. B16 HOLLYWOOD FL 32084</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>FL</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Zip Code</div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P CONSTANTINIDES, EVAGORAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	9433 ARTHUR ST.		STREET ADDRESS		
CITY-ST-ZIP	CROWN POINT IN 46307		CITY-ST-ZIP	U00000054555 02/17/04-80001-008 61.25	
TITLE	VP GANIES, WILLIAM G <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	4712 MARSEILLES PLACE		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70002		CITY-ST-ZIP		
TITLE	S ADAMS, JAMES <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	59 SAN MIGUEL WAY		STREET ADDRESS		
CITY-ST-ZIP	NOVATO CA 94945		CITY-ST-ZIP		
TITLE	T RAPTIS, CONSTANTINE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	4651 CANNA DR.		STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV 89122		CITY-ST-ZIP		
TITLE	D PAYIATIS, PHIL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	1480 SHERIDAN ST APT. B16		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	D PAPADEAS, GEOGRE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	917 VALENCIA DR.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32019		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Evagoras Constantinides* **Rev. Ev. CONSTANTINIDES** *February 11, 2004* **219 663-2276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #