

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90069 047 ****61.25

DOCUMENT # N30728

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



Principal Place of Business

**1480 SHERIDAN ST.
APT. B16
HOLLYWOOD FL 32084
US**

Mailing Address

**1480 SHERIDAN ST.
APT. B16
HOLLYWOOD FL 32084
US**

90016152



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**6799 BISMARCK RD
SUITE I**

3. Mailing Address

**6799 BISMARCK RD
SUITE I**

City & State

COLORADO SPRINGS, CO

City & State

COLORADO SPRINGS, CO

Zip
80922

Country

-USA-

Zip
80922

Country

-USA-

4. FEI Number **65-0124250**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **CAMS, WILLIAM REV**
STREET ADDRESS **4712 MARSEILLE PL**
CITY-ST-ZIP **METairie LA 70002**

TITLE **T** ☒ Delete
NAME **PAYIATIS, PHIL**
STREET ADDRESS **1480 SHERIDAN ST., APT. B16**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VPD** ☒ Delete
NAME **MEKRAS, DEMOSTHENES**
STREET ADDRESS **153 SW 22ND RD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ Delete
NAME **PAPADEAS, GEORGE**
STREET ADDRESS **917 VALENCIA DR.**
CITY-ST-ZIP **S.DAYTONA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES.** ☒ Change ☐ Addition
NAME **REV. EVAGORAS CONSTANTINIDES**
STREET ADDRESS **9433 ARTHUR ST.**
CITY-ST-ZIP **CROWN POINT, IN 46307**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **REV. WILLIAM G. GAINES**
STREET ADDRESS **4712 MARSEILLES PLACE**
CITY-ST-ZIP **METairie LA 70002**

TITLE **SEC'Y** ☒ Change ☐ Addition
NAME **REV. JAMES T. ADAMS**
STREET ADDRESS **59 SAN MIGUEL WAY**
CITY-ST-ZIP **NOVATO, CA 94945**

TITLE **TREAS.** ☒ Change ☐ Addition
NAME **REV. CONSTANTINE J. RAPTIS**
STREET ADDRESS **4651 CANNA DR.**
CITY-ST-ZIP **LAS VEGAS, NV 89122**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **REV. PHIL PAYIATIS**
STREET ADDRESS **1480 SHERIDAN ST. APT. B16**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **REV. GEORGE PAPADEAS**
STREET ADDRESS **917 VALENCIA DR.**
CITY-ST-ZIP **SD. DAYTONA BEACH, FL 32019**

12. 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 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:

REV. CONSTANTINE J. RAPTIS
TREAS
JAN 23, 2003 (719) 550-8900

CR2E037 (10/02)