

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764098

**Entity Name:** THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLORIDA, INC.**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC5055299477****Current Principal Place of Business:**4705 W. GULF TO LAKE HWY  
LECANTO, FL 34461**Current Mailing Address:**P.O. BOX 241  
INVERNESS, FL 34451 US**FEI Number: 59-2424269****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATSOURIS, CONSTANTINA MS  
13265 SW 67TH LANE  
OCALA, FL 34481 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                             |                 |                       |
|-----------------|-----------------------------|-----------------|-----------------------|
| Title           | PRES                        | Title           | VP                    |
| Name            | KATSOURIS, CONSTANTINA MS   | Name            | DALMANIERAS, ALEX MR. |
| Address         | 13265 SW 67TH LANE          | Address         | 2634 E. MARCIA STREET |
| City-State-Zip: | OCALA FL 34481              | City-State-Zip: | INVERNESS FL 34453    |
| Title           | S                           | Title           | T                     |
| Name            | MASOUD, PAMELA DR           | Name            | MOSKES, JOHN MR.      |
| Address         | 2828 N FOLKSTONE LOOP       | Address         | 7385 S RIDGE PT       |
| City-State-Zip: | HERNANDO FL 34442           | City-State-Zip: | HOMOSASSA FL 34446    |
| Title           | D                           | Title           | DIRECTOR              |
| Name            | KAFES, EMMANUEL MR.         | Name            | PSIHAS, ANNA MS       |
| Address         | 1381 W. SKYVIEW CROSSING DR | Address         | 7 BUCKEYE COURT       |
| City-State-Zip: | HERNANDO FL 34442           | City-State-Zip: | HOMOSASSA FL 34446    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CONSTANTINA M. KATSOURIS****PRESIDENT****01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date