## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 764098** 

Entity Name: THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL

FLORIDA, INC.

**Current Principal Place of Business:** 

4705 W. GULF TO LAKE HWY LECANTO, FL 34461

**Current Mailing Address:** 

P.O BOX 192

LECANTO, FL 34461 US

FEI Number: 59-2424269 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, GERALDINE 727 E GILCHRIST CT HERNANDO, FL 34442 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: GERALDINE JONES 05/31/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRES Title VP

NameJONES, GERALDINENameMASOUD, PAMELA DRAddress727 E GILCHRIST CTAddress2828 N FOLKSTONE LOOPCity-State-Zip:HERNANDO FL 34442City-State-Zip:HERNANDO FL 34442

Title DIRECTOR Title SECRETARY

NameCEFOLA, DEMETRIANameNICOLAOU, GEORGIA MRS.Address3421 N HAMMOCK DUNESAddress14 BYRSONIMA COURT WEST

VILLAGE POINT City-State-Zip: HOMOSASSA FL 34446

City-State-Zip: LECANTO FL 34461

Title DIRECTOR DIRECTOR

Name WOYTHALER, STEPHANIE

Name AUCOIN, DOROTHEA

Address 3948 W FIELDWOOD CT

Address 3948 W FIELDWOOD CT

City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Title TREASURER

Name LADAS, MARY Address P.O BOX 192

Address P.O BOX 192

City-State-Zip: LECANTO FL 34460-0192

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: MARY LADAS TREASURER 05/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 31, 2023

Secretary of State

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