

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764098

Entity Name: THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLORIDA, INC.**FILED**
Jan 26, 2020
Secretary of State
1334453680CC**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:**MAVROS, CONSTANTINA M
6 BYRSONIMA COURT WEST
HOMOSASSA, FL 34446 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:** CONSTANTINA M MAVROS

01/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MAVROS, CONSTANTINA M
Address 6 BYRSONIMA COURT WEST
City-State-Zip: HOMOSASSA FL 34446

Title VP
Name DALMANIERAS, ALEX MR.
Address 2634 E. MARCIA STREET
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR
Name MASOUD, PAMELA DR
Address 2828 N FOLKSTONE LOOP
City-State-Zip: HERNANDO FL 34442

Title TREASURER, DEACON
Name MAVROS, GEORGE S DR.
Address 6 BYRSONIMA COURT WEST
City-State-Zip: HOMOSASSA FL 34446

Title SECRETARY
Name NICOLAOU, GEORGIA MRS.
Address 14 BYRSONIMA COURT WEST
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name JONES, GERALDINE MRS.
Address 727 E GILCHRIST COURT
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Name TZIVANIS, ROBIN MRS.
Address 5672 W JUSTIN COURT
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name LAZAROU, JOHANNA HELEN MRS.
Address 00 E GLASSBORO CT
APT 4B
City-State-Zip: HERNANDO FL 34442

Continues on page 2

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 MAVROS**PRESIDENT**

01/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEACON
Name KIKAREAS, PANAGIOTIS DR.
Address 611 W. GARBO LANE NE
City-State-Zip: BEVERLY HILLS FL 34465

Title DIRECTOR
Name SPAULDING, MATINA MRS.
Address 1 STOKESIA CT S
City-State-Zip: HOMOSASSA FL 34446