

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764098

**Entity Name:** THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLORIDA, INC.**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC6168146041****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

01/24/2015

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	T
Name	MOSKES, JOHN MR.
Address	7385 S RIDGE PT
City-State-Zip:	HOMOSASSA FL 34446

Title	D
Name	KAFES, EMMANUEL MR.
Address	1381 W. SKYVIEW CROSSING DR
City-State-Zip:	HERNANDO FL 34442

Title	DIRECTOR
Name	PSIHAS, ANNA MS
Address	7 BUCKEYE COURT
City-State-Zip:	HOMOSASSA FL 34446

Title	SECRETARY
Name	MAVROS, GEORGE S DR.
Address	6 BYRSONIMA COURT WEST
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:** GEORGE S. MAVROS**SECRETARY**

01/24/2015

Electronic Signature of Signing Officer/Director Detail

Date