

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764098

Entity Name: THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLORIDA, INC.**FILED**
Mar 23, 2013
Secretary of State
CC6090923683**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	D
Name	KAFES, EMMANUEL MR.	Name	KANARIS, GEORGE MR
Address	1381 W. SKYVIEW CROSSING DR	Address	9 BYRSONIMA COURT WEST
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 KATSOURIS**PRESIDENT****03/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date