

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701860 (9)

1. Corporation Name
ST. DEMETRIOS GREEK ORTHODOX COMMUNITY OF BROWARD COUNTY, INC.



Principal Place of Business Mailing Address
815 N E 15TH AVENUE FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified **12/31/1960** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1235704** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CARRATT, HARRY
2601 EAST OAKLAND PARK BLVD.
SUITE 500
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD PRESIDENT DIRECTOR <input type="checkbox"/> DELETE
NAME	CARRATT, HARRY
STREET ADDRESS	4322 NE 22ND AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	TANGALAKIS, HARRY
STREET ADDRESS	2155 NE 57TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	TSIOTIS, PAUL
STREET ADDRESS	1480 SW 17TH ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KIRIFIDES, LAZARUS
STREET ADDRESS	2001 N. 49TH AVE.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	ATD <input checked="" type="checkbox"/> DELETE
NAME	CHRISTOS, THOMAS
STREET ADDRESS	2809 SW 14TH CT.
CITY-ST-ZIP	DEERFIELD BCH. FL
TITLE	ATD <input checked="" type="checkbox"/> DELETE
NAME	PAPADAKOS, LOUIS
STREET ADDRESS	5730 NE 19TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Franzelas, James
2.3 STREET ADDRESS	601 SW 12th Court
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
3.1 TITLE	Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hogan, Vincent
3.3 STREET ADDRESS	199 E Riverbend Drive
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326
4.1 TITLE	Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Demetriou, Victor
4.3 STREET ADDRESS	3004 Willow Lane
4.4 CITY-ST-ZIP	Hollywood, FL 33021
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *HARRY CARRATT*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jan 24 1996 954-467-1515
Daytime Phone #

CFR2E037 (12/95)