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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 815 N E 15TH AVENUE FT. LAUDERDALE FL 33304
Mailing Address: 815 N E 15TH AVENUE FT. LAUDERDALE FL 33304-4402



2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 12/31/1960
3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-1235704
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: VINCENT HOGAN
82 Street Address (P.O. Box Number is Not Acceptable): 815 NE 15TH AVENUE
84 City: FT. LAUDERDALE FL 85 Zip Code: 33304

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: [Signature] DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARRATT, HARRY	
STREET ADDRESS	4322 NE 22ND AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRANZELAS, JAMES	
STREET ADDRESS	801 SW 12TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOGAN, VINCENT	
STREET ADDRESS	199 E REIVERBEND DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEMETRIOU, VICTOR	
STREET ADDRESS	3004 WILLOW LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME	Antonio Maiorana	
STREET ADDRESS	3321 N 34th Street	
CITY-ST-ZIP	Hollywood, FL 33021	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vincent HOGAN
3.3 STREET ADDRESS	199 E REIVERBEND DRIVE
3.4 CITY-ST-ZIP	33326, FL
4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICTOR DEMETRIOU
4.3 STREET ADDRESS	3004 Willow Ln.
4.4 CITY-ST-ZIP	Hollywood, FL 33021
5.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANTONIO MAIORANA
5.3 STREET ADDRESS	3321 N 34TH STREET
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
6.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LAZARUS KIRIFIDES
6.3 STREET ADDRESS	2001 N 40TH AVENUE
6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] VINCENT HOGAN 954 467-1515

CP2E037 (9/96)