

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:40

DOCUMENT # **702927** (5)  
1. Corporation Name  
**GREEK ORTHODOX CHURCH OF THE ANNUNCIATION OF PEN SACOLA, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**1720 WEST GARDEN STREET PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/22/1961</b>   | 3a. Date of Last Report<br><b>04/26/1994</b> |
| 4. FEI Number<br><b>59-1085793</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>  | <b>\$68.75 Supplemental Fee Not Required</b> |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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                         | 28 Country             |
| 24 Zip                         | 29 Country             |
| 25 Country                     | 30 Country             |

|  |  |   |             |
|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent            |  | 10. Name and Address of New Registered Agent          |             |
| PSALTIS, TOM<br>22 N. SUNSET BLVD.<br>GULF BREEZE FL 32561 |  | 81 Name   | 85 Zip Code |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) | FL          |
|  |  | 83  |             |
|  |  | 84 City   |             |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Tom Psaltis DATE 1/30/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---|--|
| TITLE                      | PD                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PAPADELIAS, MICHAEL | 1.2 NAME  |  |
| STREET ADDRESS             | 2470 HALLMARK DR    | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL        | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PSALTIS, TOM        | 2.2 NAME  |  |
| STREET ADDRESS             | 22 N. SUNSET BLVD.  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | GULF BREEZE FL      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD                  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GATES, BILL         | 3.2 NAME  | James Montgomery   |
| STREET ADDRESS             | 5290 DURANGO PL     | 3.3 STREET ADDRESS                                    | 408 Williamsburg Dr.   |
| CITY-ST-ZIP                | PENSACOLA FL        | 3.4 CITY-ST-ZIP                                       | Gulf Breeze, FL 32561  |
| TITLE                      | AT                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | STAMITOLES, MICHAEL | 4.2 NAME  |  |
| STREET ADDRESS             | 2830 INVERNESS CT   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL        | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S                   | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GILL, RALPH         | 5.2 NAME  | James Karnavas   |
| STREET ADDRESS             | 7530 TONTO ST       | 5.3 STREET ADDRESS                                    | 7304 Maxam St.   |
| CITY-ST-ZIP                | PENSACOLA FL        | 5.4 CITY-ST-ZIP                                       | Pensacola, FL 32503  |
| TITLE                      | D                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | THAMES, ERNEST      | 6.2 NAME  |  |
| STREET ADDRESS             | 8837 DEVONSHIRE CIR | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL        | 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)(b), 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: Tom Psaltis DATE 1/30/95 433-2662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR