

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

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 1720 WEST GARDEN STREET
 PENSACOLA FL 32501 PENSACOLA FL 32501

3. Date Incorporated or Qualified 09/22/1961
 3a. Date of Last Report 02/03/1995

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number 59-1085793 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

PSALTIS, TOM
 22 N. SUNSET BLVD.
 GULF BREEZE FL 32561

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 Tom Psaltis Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 6-9-96

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PAPADELIAS, MICHAEL	
STREET ADDRESS	2470 HALLMARK DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PSALTIS, TOM	
STREET ADDRESS	22 N. SUNSET BLVD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, JAMES	
STREET ADDRESS	408 WILLIAMSBURG DR.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	STAMITOLES, MICHAEL	
STREET ADDRESS	2830 INVERNESS CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KARNAVAS, JAMES	
STREET ADDRESS	7304 MAXAM ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THAMES, ERNEST	
STREET ADDRESS	6837 DEVONSHIRE CIR	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Psaltis, Tom	
1.3 STREET ADDRESS	22 N. Sunset Blvd.	
1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Papadelias, Michael	
2.3 STREET ADDRESS	2470 Hallmark Dr.	
2.4 CITY-ST-ZIP	Pensacola, FL 32503	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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: Tom Psaltis Date 6/9/96 Daytime Phone # 904-932-4430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)