


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 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 # **702927** (5)

1. Corporation Name  
**GREEK ORTHODOX CHURCH OF THE ANNUNCIATION OF PEN SACOLA, FLORIDA, INC.**



Principal Place of Business <b>1720 WEST GARDEN STREET PENSACOLA FL 32501</b>	Mailing Address <b>1720 WEST GARDEN STREET PENSACOLA FL 32501-4416</b>
--	---

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

3. Date Incorporated or Qualified <b>09/22/1961</b>	3a. Date of Last Report <b>06/13/1996</b>
4. FEI Number <b>59-1065793</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *[Signature]* **Tom J. Psaltis** DATE: **2-3-97**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Mark Pappas</b>		
1.3 STREET ADDRESS	<b>3915 Lynn Ora Dr.</b>		
1.4 CITY-ST-ZIP	<b>Pensacola, FL 32504</b>		
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Tom Psaltis</b>		
2.3 STREET ADDRESS	<b>22 N. Sunset Blvd.</b>		
2.4 CITY-ST-ZIP	<b>Gulf Breeze, FL 32561</b>		
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Gary Tringas</b>		
3.3 STREET ADDRESS	<b>1273 Greenview Lane</b>		
3.4 CITY-ST-ZIP	<b>Gulf Breeze, FL 32561</b>		
4.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Theodore Werthmuller</b>		
4.3 STREET ADDRESS	<b>2840 Semoran Ct.</b>		
4.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>		
5.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Theodore Werthmuller</b>		
5.3 STREET ADDRESS	<b>2840 Semoran Ct.</b>		
5.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Tom J. Psaltis** DATE: **2-3-97** DAYTIME PHONE: **904-433-2662**

CR2E037 (9/96)