

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90003 049 ****61.25

DOCUMENT # 702927

(R)

1. Entity Name

GREEK ORTHODOX CHURCH OF THE ANNUNCIATION OF PEN

Principal Place of Business

1720 WEST GARDEN STREET
 PENSACOLA FL 32501

Mailing Address

1720 WEST GARDEN STREET
 PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1085793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRINGAS, GARY
 1273 GREENVIEW LANE
 GULF BREEZE FL 32561

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PAPPAS, MARK	
STREET ADDRESS	3915 LYNN ORA DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAITE, SAM	
STREET ADDRESS	1424 TEMPLEMORE DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRINGAS, GARY	
STREET ADDRESS	1273 GREENVIEW LANE	
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	WERTHMULLER, THEODORE	
STREET ADDRESS	2840 SEMORAN CT.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THAMES, ROSE	
STREET ADDRESS	6837 DEVONSHIRE CIR	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Papadelias, Michael	
STREET ADDRESS	2470 Hallmark Dr.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pappas, Mark	
STREET ADDRESS	3915 Lynn Ora Dr.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY TRINGAS REGISTERED TRINGAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-00
 Date

856-433-2662
 Daytime Phone #

CR2E037 (5/00)