

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90132 027 ****61.25

DOCUMENT # 702927

1. Entity Name

GREEK ORTHODOX CHURCH OF THE ANNUNCIATION OF PEN

Principal Place of Business

Mailing Address

1720 WEST GARDEN STREET
 PENSACOLA FL 32501

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**

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
 NAME: PAPADELIAS, MICHAEL
 STREET ADDRESS: 2470 HALLMARK DR
 CITY-ST-ZIP: PENSACOLA FL 32503 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VP
 NAME: PAPPAS, MARK
 STREET ADDRESS: 3915 LYNN ORA DR
 CITY-ST-ZIP: PENSACOLA FL 32503 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD
 NAME: TRINGAS, GARY
 STREET ADDRESS: 1273 GREENVIEW LANE
 CITY-ST-ZIP: GULF BREEZE FL Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: AT
 NAME: STAMITOLES, MICHAEL
 STREET ADDRESS: 2830 INVERNESS CT
 CITY-ST-ZIP: PENSACOLA FL Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: S
 NAME: WERTHMULLER, THEODORE
 STREET ADDRESS: 2840 SEMORAN CT.
 CITY-ST-ZIP: PENSACOLA FL Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D
 NAME: THAMES, ROSE
 STREET ADDRESS: 6837 DEVONSHIRE CIR
 CITY-ST-ZIP: PENSACOLA FL Delete

TITLE: D
 NAME: Waite, Sam
 STREET ADDRESS: 1424 Templemore Dr.
 CITY-ST-ZIP: Cantonment, FL 32533- Change Addition

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* **TRINGAS, GARY** TREASURER

Date: 1/31/01

Daytime Phone #: 850-435-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)