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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703950

1. Corporation Name

HOLY MOTHER OF GOD GREEK ORTHODOX CHURCH, INC.

Principal Place of Business

1645 PHILLIPS ROAD
TALLAHASSEE FL 32308

Mailing Address

1645 PHILLIPS ROAD
TALLAHASSEE FL 32308



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/26/1962

4. FEI Number

59-1709559

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

9. Name and Address of Current Registered Agent

PAPAGEORGE, MIKE
529 FRANK SHAW RD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME TALANTIS, KATHLEEN
STREET ADDRESS 2122 GLENNRIDGE
CITY-ST-ZIP TALLAHASSEE FL

TITLE P ☐ DELETE
NAME PAPAGEORGE, MIKE
STREET ADDRESS 529 FRANK SHAW RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VP ☐ DELETE
NAME KOIKOS, JIMMY
STREET ADDRESS 1906 ROSEDALE
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☐ DELETE
NAME KYPREOS, EVA
STREET ADDRESS 1500 S MERIDIAN ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE S ☐ DELETE
NAME VLANDIS, JOHN
STREET ADDRESS 6100 BORDERLINE DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE
NAME POULOS, ANDREW
STREET ADDRESS 113 DEVEREAUX DR
CITY-ST-ZIP THOMASVILLE GA 31792

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Michael Papageorge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

488-1975

Date

Daytime Phone #

CR2E037 (11/98)