

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 # 713601 (3)
 1. Corporation Name
 GREEK ORTHODOX CHURCH OF THE HOLY TRINITY, INC.



Principal Place of Business
 409 OLD COACHMAN RD.
 CLEARWATER FL 34625

Mailing Address
 409 OLD COACHMAN RD.
 CLEARWATER FL 34625

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1967	3a. Date of Last Report 03/02/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1200958	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROUSAKIS, JAMES REV. 2449 OLD COACH TRAIL CLEARWATER FL 34625				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 617.1568, 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: *Rev. Fr. James Rousakis* DATE: 6-5-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRILLIERS, DENO J	1.2 NAME	LAGOS, MARKOS
STREET ADDRESS	2326 SWEETBRIAR COURT	1.3 STREET ADDRESS	1452 Sturbridge Ct.
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	Dunedin, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRIACON, NICHOLAS	2.2 NAME	MASTORIDES, MICHAEL
STREET ADDRESS	1851 EAST DORCHESTER COURT	2.3 STREET ADDRESS	1570 Elmwood St.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Clearwater, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGOS, MARCOS	3.2 NAME	KAMBOURIS, STEVE
STREET ADDRESS	1452 STURBIDGE CT	3.3 STREET ADDRESS	2855 Country Woods Lane
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANOS, THEMISTOCLES	4.2 NAME	PANOS, THEMISTOCLES
STREET ADDRESS	3100 GULF BOULEVARD #231	4.3 STREET ADDRESS	3100 Gulf Boulevard #231
CITY-ST-ZIP	BELLEAIR BEACH FL	4.4 CITY-ST-ZIP	Belleair Beach, FL 34634
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APOSTOLOS, JOHN	5.2 NAME	BOUTZOUKAS, MICHAEL
STREET ADDRESS	5442 WELLFIELD ROAD	5.3 STREET ADDRESS	1525 Burnham Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHAN, KAY K	6.2 NAME	KRILLIES, DENO
STREET ADDRESS	1943 LEVINE LANE	6.3 STREET ADDRESS	2326 Sweetbriar Court
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Dunedin, FL

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: *Rev. Fr. James Rousakis* (813) 799-4605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (3/96)