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Mar 28 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 # 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 34625-4410

3. Date Incorporated or Qualified: 11/09/1967  
3a. Date of Last Report: 06/20/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc. (27)  
23. City & State (28)  
24. Zip (29), Country (30)

4. FEI Number: 59-1200958  
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  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
ROUSAKIS, JAMES REV.  
2449 OLD COACH TRAIL  
CLEARWATER FL 34625

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: *James Rev. Rousakis* March 24, 1997  
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	D PRESIDENT <input type="checkbox"/> DELETE
NAME	LAGOS, MARKOS
STREET ADDRESS	1452 STURBRIDGE CT DUNEDIN FL
TITLE	D 1st Vice President <input type="checkbox"/> DELETE
NAME	MASTORIDES, MICHAEL
STREET ADDRESS	1570 ELMWOOD ST CLEARWATER FL
TITLE	D 2nd Vice President <input checked="" type="checkbox"/> DELETE
NAME	KAMBOURIS, STEVE
STREET ADDRESS	2855 COUNTRY WOODS LANE PALM HARBOR FL
TITLE	D Treasurer <input checked="" type="checkbox"/> DELETE
NAME	PANOS, THEMISTOCLES
STREET ADDRESS	3100 GULF BOULEVARD 231 BELLEAIR BEACH FL
TITLE	D Assistant Treasurer <input checked="" type="checkbox"/> DELETE
NAME	BOUTZOUKAS, MICHAEL
STREET ADDRESS	1525 BURNHAM LANE DUNEDIN FL
TITLE	D SECRETARY <input checked="" type="checkbox"/> DELETE
NAME	KRILLIES, DENO
STREET ADDRESS	2326 SWEETBRIAR COURT DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAGOS, MARKOS
1.3 STREET ADDRESS	1452 Sturbridge Ct. Dunedin, FL
1.4 CITY-ST-ZIP	Dunedin, FL
2.1 TITLE	1st VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D MICHAEL MASTORIDES
2.3 STREET ADDRESS	1570 Elmwood St. Clearwater, FL
2.4 CITY-ST-ZIP	Clearwater, FL
3.1 TITLE	2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D MANTZARIS, GEORGE
3.3 STREET ADDRESS	408 Casler Ave. Clearwater, FL 34615
3.4 CITY-ST-ZIP	Clearwater, FL 34615
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T BOUTZOUKAS, MICHAEL
4.3 STREET ADDRESS	1525 Burnham Lane Dunedin, FL
4.4 CITY-ST-ZIP	Dunedin, FL
5.1 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T KASTRENAKES, MICHAEL
5.3 STREET ADDRESS	3817 Wellington Pkwy Palm Harbor, FL
5.4 CITY-ST-ZIP	Palm Harbor, FL
6.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T PAPASTAVROU, KATHERINE
6.3 STREET ADDRESS	1314 Forest Edge Blvd. Oldsmar, FL
6.4 CITY-ST-ZIP	Oldsmar, FL

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, changed, or on an attachment with an address.  
SIGNATURE: *James Rev. Rousakis* 2/18/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087713

CR2E037 (9/96)