## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

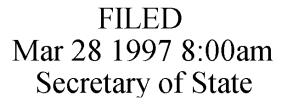
1997

DOCUMENT #
1. Corporation Name

713601

(3)

GREEK ORTHODOX CHURCH OF THE HOLY TRINITY, INC.





Principal Place of Business Mailing Additi		Mailing Address				
409 OLD COACHMAN RD. CLEARWATER FL 34625		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 Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26			<u></u>		59-1200958	Not Applicable
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	2				Trust Fund Contribution	
Zip 24	Country 25	Zip	Country 30	y	8. This corporation has fiability for Inta	·
24]	9. Name and Address of Current Re		190		10. Name and Address of New Regis	
			81	Name		·····
ROUSAKIS, JAMES REV.				Street	Address (P.O. Box Number is Not Acceptable)	
2449 OLD COACH TRAIL			102	30000	Address (F.O. Dox Humber is Not Acceptable)	
CLEARWATER FL 34625			83			
•			84	City		85 Zip Code
14 Durament	to the Hall of the Continue E17 0E02 and	E17 E09 Florido Statu	ton the above	L named	composition submits this statement for the pure	FL
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						
11. Pursuant to the purisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or hoth, 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  March 24. 1997						
	Significant system of printed strike of registered and printed	title if applicable. (NO	TÉ: Registered Ag	ent signature	P(arc:	1 24 1997
12.	OFFICERS AND DIF		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D PHESIDENT	DELETE	1.1 TITLE	j	D PRESIDENT	Change 🚑 Addition
NAME	LAGOS, MÁRKOS		1.2 NAME		D PRESIDENT LAGOS, MARKOS	
STREET ADDRESS	***= - * * * * * * * * * * * * * * * * *			T ADDRESS	1452 Sturbridge Ct	•
	DUNEDIN FL D lst Vice Presid	ent DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	Dunedin, FL	Change Addition
	MASTORIDES, MICHAEL	OHO Ditte	2.1 SILE 2.2 NAME	*.	lst VICE PRESIDENT	<u> </u>
AÉET ADDRESS	1570 ELMWOOD ST			T ADDRESS	D MICHAEL MASTORIDES	
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-		1570 Elmwood St.	
TITLE	D 2nd Vice Presid	ent 😠 DELETE	3.1 TITLE		Clearwater FL 2nd Vice President MANTZARIS, GEORGE	Change Addition
NAME	KAMBOURIS, STEVE		3.2 NAME			
STREET ADDRESS	2855 COUNTRY WOODS LANE		3.3 STREE	T ADDRESS	408 Casler Ave.	_
CITY-ST-ZIP	PALM HARBOR FL		3.4. C/TY-	ST-ZIP	Clearwater, FL 3461	
TITLE	D Treasurer	DELETE	4.1 TITLE		T BOUTZOUKAS, MICHAEL	Change Addition
NAME	PANOS, THEMISTOCLES		4. 2 NAME		1525 Burnham Lane	
STREET ADORESS	3100 GULF BOULEVARD 231		1	T ADDRESS	Dunedin, FL	
CITY-ST-ZIP	BELLEAIR BEACH FL D Assistant Treas	urer Chelete	4.4 CITY -	51 · ZIP	Assistant Treasurer	Change Addition
TITLE NAME	BOUTZOUKAS, MICHAEL	San Oa, My Delicit	5.1 TITLE 5.2 NAME		T KASTRENAKES, MICHAE	T.
STREET ADDRESS	1525 BURNHAM LANE			T ADDRESS	3817 Wellington Pkw	
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-		-Palm Harbor, FL	ă.
TITLE	D SECRETARY	DELETE	6.1 TITLE		SECRETARY	Change Addition
NAME	KRILLIES, DENO	,-	62 NAME	. !	PAPASTAVROU, KATHER	INE
STREET ADDRESS	2326 SWEETBRIAR COURT		6.3 STREE	t address	1314 Forest Edge Bl	
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-		Oldsmar, FL	
	ov certify that the information supplied with	this filing does not qua			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 33 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/1/ ate Davtime Phone

Daytime Phone # 0067713