NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713601

1. Corporation Name

GREEK ORTHODOX CHURCH OF THE HOLY TRINITY, INC.

Principal Place of Business 409 OLD COACHMAN RD.

Mailing Address

409 OLD COACHMAN RD.

FILED Feb 22, 1999 8:00 am § Secretary of State

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CLEARWATER	rL 34625	GLEARWAIER FL 34025			I ADDIN IDDDI NUBE INKA BINA BERLA ING BINA.	1700) 1000 Nobel (1810 08) 9670 183 Blance (1840) 1840 1840 1840 1840 1840 1840 1840 1840						
2. Principal P	lace of Business	2a. Mailing Address			Date Incorporated or Qualified							
21		26			11/09/1967	11/09/1967						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	A	pplied For					
22		27			59-1200958 ~	N	ot Applicable					
City & State	e	City & State			5. Certifcate of Status Desired	*	Additional					
23		28			5. Certificate of Status Desired	Fee R	lequired					
Zip	Country	Zip Country			6. Election Campaign Financing	\$5.00	May Be					
24	25	29 30	0		Trust Fund Contribution	Added	to Fees					
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent						
			81	Name			1					
BOUSAKIS	S, JAMES REV.		82	82 Street Address (P.O. Box Number is Not Acceptable)								
	COACH TRAIL			+								
	TER FL 33765		83									
	72.112 00700		84	City		. 85 Zip	Code					
				' '			ĺ					
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 agen	t and title if applicable. (NOTE: Re	egistered Agei	nt signature i	required when reinstating) DATE							
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS							
TITLE	AT	☐ DELETE	1.1 TITLE	D.	PRESIDENT		☐ Addition					
NAME	PROKOS, NICHOLAS		1.2 NAME	_	PROKOS, NICHOLAS							
STREET ADDRESS	1561 GLEN HOLLOW LANE S		1.3 STREE	T ADDRESS	1561 GLEN HOLLOW LANE SOUTH	Ħ						
CITY-ST-ZIP	DUNEDIN FL 34698	_	1.4 CITY-S	T-ZIP	DUNEDIN FL 34698							
TITLE	DP	☐ DELETE	2.1 TITLE	D	1STIVICE PRESIDENT	⁻ 🙀 Change	Addition					
NAME	MASTORIDES, MICHAEL		2.2 NAME	ט	GEORGE MANTZARIS							
STREET ADDRESS	1570 ELMWOOD ST		2.3 STREE	TADDRESS	408 CASLER AVE.		·					
CiTY-ST-ZIP	CLEARWATER FL 33755		2. 4 CITY-5	ST-ZIP	1		<u> </u>					
TITLE	DVP	☐ DELETE	3.1 TITLE	Б	CLEARWATER, FL 33755	☐ Change	☐ Addition					
NAME	MANTZARIS, GEORGE		3.2 NAME	D	2ND VICE PRESIDENT		ł					
STREET ADDRESS	408 CASSLER AVE		3.3 STREE	TADDRESS	DR. TERRY ZERVOS							
CITY-ST-ZIP	CLEARWATER FL 33755		3.4. CITY-5	ST-ZIP	115 MIRA VISTA DRIVE							
TITLE	DVP	☐ DELETE	4.1 TITLE		DUNEDIN, FL 34698	Change	Addition					
NAME	BOUTZOUKAS, MICHAEL		4. 2 NAME	${f T}$	TREASURER							
STREET ADDRESS	1525 BURNHAM LANE		4.3 STREE		LOUIS BAKKALAPULO							
CITY-ST-ZIP	DUNEDIN FL 34698	_	4.4 CITY-S		1990 HIDDEN LAKE DR. PALM							
TITLE	DT	☐ DELETÉ	5.1 TITLE	T	ASSISTANT TREASURER	🔀 Change	. Addition					
NAME	BAKKALAPULO, LOUIS		5.2 NAME		MICHAEL KASTRENAKES		. 1					
STREET ADDRESS	,		5.3 STREE	TADORESS	1755 McCAULEY RD.							
CITY-ST-ZIP	PALM HARBOR FL 34683		5.4 CITY-S	T- ZIP	CLEARWATER, FL 33765							
TITLE	DS	☐ DELETE	6.1 TITLE	${f T}$	SECRETARY	- 24 Change	☐ Addition					
NAME	KRILLIES, DENO		6.2 NAME		FRANCES GLAROS							
STREET ADDRESS)		6.3 STREE	TADDRESS	2460 FRANCISCAN DR. #34							
	DUNEDIN EL GAGGO		64 CITY S	T. 7IP								

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 aprual 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 example of the corporation of the receiver 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

SIGNATURE: