

FILE NOW: FILING FEE IS \$61.25

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Jan 31 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 # 713602 (1)

1. Corporation Name  
HOLY TRINITY PHILOPTHOS SOCIETY, INC.



Principal Place of Business Mailing Address  
409 COACHMAN ROAD CLEARWATER FL 34625 409 COACHMAN ROAD CLEARWATER FL 34625

3. Date Incorporated or Qualified 11/09/1967 3a. Date of Last Report 04/09/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1200958 Applied For Not Applicable  
21 26  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

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 10. Name and Address of New Registered Agent  
TRAGOS, EUGENE  
125 LEEWARD ISLAND  
CLEARWATER FL 33515  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROKOS, CHRISTINE	1.2 NAME	
STREET ADDRESS	1561 GLEN HOLLOW LANE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINOS, MARY	2.2 NAME	
STREET ADDRESS	851 SOUTH BAYWAY BOULEVARD #801	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630-2623	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRISO, JULIE	3.2 NAME	
STREET ADDRESS	1429 STURBRIDGE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VATISTAS, ELENA	4.2 NAME	
STREET ADDRESS	1538 BONAIR STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTANTENAKAS, DOROTHY	5.2 NAME	
STREET ADDRESS	2062 ENVOY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAKERES, SOPHIA	6.2 NAME	
STREET ADDRESS	2852 PHEASANT RUN	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Christine Prokos* Jan 13, 1997 733 4591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070792

CR2E037 (9/96)