

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 713602 (1)
 1. Corporation Name
HOLY TRINITY PHILIPTOHOS SOCIETY, INC.



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

3. Date Incorporated or Qualified
11/09/1967

4. FEI Number
59-1200958

| | |
|-------------|--|
| Applied For | <input checked="" type="checkbox"/> Not Applicable |
|-------------|--|

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**TRAGOS, EUGENE
 125 LEEWARD ISLAND
 CLEARWATER FL 33515**

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 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 PROKOS, CHRISTINE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1581 GLEN HOLLOW LANE SOUTH DUNEDIN FL 34698 | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VPD PRINOS, MARY | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 851 SOUTH BAYWAY BOULEVARD #801 CLEARWATER FL 34630-2623 | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | VPD ANDRISO, JULIE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1429 STURBRIDGE COURT DUNEDIN FL 34698 | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | S VATISTAS, ELENA | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1538 BONAIR STREET CLEARWATER FL 34615 | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | S KOSTANTENAKAS, DOROTHY | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2062 ENVOY COURT CLEARWATER FL 34624 | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | TD CHAKERES, SOPHIA | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2852 PHEASANT RUN CLEARWATER FL | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

See attached

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 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: _____

CP2E037 (10/97)

FD

MARY PRINOS

851 SO. BAYWAY BLVD. APT. #801
CLEARWATER, FL. 34630-2623

VFD

ANNA FOULOS

3062 EASTLAND BLVD. D113
CLEARWATER, FL. 33761-4170

VFD

CONNIE BITSIMIS

3822 MUIRFIELD CT.
PALM HARBOR, FL. 34685

S

ESTHER TSIKOS

2132 COLLEGE DR.
CLEARWATER, FL. 33764

S

JULIA ANDRISO

1429 STURBRIDGE COURT
DUNEDIN, FL. 34698

TD

SOPHIA CHAKERES

2967 BROOKFIELD LANE
CLEARWATER, FL. 33761

ASST TREAS.

CATHERINE COCOTAS

600 RICHARDS AVE.
CLEARWATER, FL. 34615