2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713602

1. Entity Name

HOLY TRINITY PHILIPTOHOS SOCIETY, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90479 048 ****61.25

Principal Place of Business			ng Address							
409 COACHMAN ROAD CLEARWATER FL 33765			OACHMAN ROAD RWATER FL 33765							
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			ty & State			4. FEI Number 59	4. FEI Number 59-1200958 Applied For			
Zip Country			Zip Country			5. Certificate of Sta	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registere	ed Agent	L	· -	7. Name and Addr	ess of New Registered A		-	
	 	-			Name	<u>-</u>				
Tragos, Eugene 125 Leeward Island					Street Address (P.O. Box Number is Not Acceptable)					
CLEARW	/ATER FL 33515				City		- 1	Zip Cod	le	
6.70					•		FL	'		
the obliga	e named entity submits this statement fo tions of registered agent.	r the purp	lose of changing its	registere	ed office or regi	stered agent, or both, in th	ne State of Florida. I am fa	miliar with,	and accept	
. *										
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE	E: Registere	d Agent signature req	uired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANGES	S TO OFFICERS AND DIRE	CTORS IN	I 10	
TITLE	PD		☐ Delete	TITLE		7,55,110,107,017,110,10		Change	☐ Addition	
NAME	GEORGAS, MARY			NAM			'			
STREET ADDRESS	3412 LAKE SHORE LN				ET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33761			CITY	ST-ZIP					
TITLE	VD		☐ Delete	TITLE			l	Change	☐ Addition	
NAME	ZAHARIS, SIA	_		NAME					į	
STREET ADDRESS CITY-ST-ZIP	2595 COUNTRYSIDE BLVD #112	2			ET ADDRESS ST-ZIP				ĺ	
TITLE	CLEARWATER FL 33761.		☐ Delete					-		
NAME	DEMOS, BESSIE		□ Delete	TITLE			l	Change	Addition	
STREET ADDRESS	2350 HAITIAN DR #42				T ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33763				ST-ZIP					
TITLE '	TD		Delete	TITLE		n		Change	Addition	
NAME	MIHALOPOULOS, GLORIA		L. Dolete	NAME	ı		L	ouguye		
STREET ADDRESS	2579 COUNTRYSIDE BLVD #302			STREE	T ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33761			CITY-	ST-ZIP					
TITLE	AT		☐ Delete	TITLE			[Change	Addition	
NAME	CHAKERES, SOPHIA			NAME				ū		
STREET ADDRESS	2967 BROCKFIELD LN				T ADDRESS				ĺ	
CITY-ST-ZIP	CLEARWATER FL 33761			CITY-	ST-ZiP					
TITLE			☐ Delete	TITLE				Change	☐ Addition	
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP					T ADDRESS					
ALL FOLL CIE				CITY-	ST-ZIP					

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment your analysis an address, with all other like empowered.

SIGNATURE: