NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 720477

1. Corporation Name

FILED Mar 01, 1999 8:00 am § Secretary of State 03-01-1999 90134 018 ****61.25

ST. ATHANASIOS GREEK ORTHODOX CHURCH, INC.										·	·	
Principal Place of Business Mailing Address 6566 SW 33RD STREET 1710 S.W. 27TH AVENUE MIAMI FL 33155 % GEO S. GIOURGAS MIAMI FL 33145							:					
Principal Place of Business 2a. Mailing Address 26								3. Date Incorporated or Qualife 03/11/1971	d			
Suite, Apt. #, etc. Suite, Apt. #, e 22 27								4. FEI Number ; 59-2582856	<u></u>		Applicable	
City & State			City & State					5. Certificate of Status Desired		\$8.75 A		
Zip	Country 25	Country				Election Campaign Financing Trust Fund Contribution	' _□	\$5.00 i Added to	· .			
	9. Name and Address of Curre	nt Register	red Agent					10. Name and Address of New	Registered	Agent		
<u> </u>				8	31	Name						
GIOURGAS,GEORGE S 1710 SW 27TH AVE					82 Street Address (P.0			(P.O. Box Number is Not Accep	table)			
MIAMI FL 33145				8	33						į	
					14	City			FL	85 Zip C		
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 registroffice 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 the filliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed originated name of registered agent-and title happlicable. (NOTE: Registered Agent signature required when reinstating)												
12.	OFFICERS A	ID DIRECT		13.				ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	D	$\overline{}$	☐ DELETE	1.1 TITLE			. 1	USSIATES,	S	Change	☐ Addition	
NAME	VOUSSIAFES, PIERRE			1.2 NAM			120	002214463,	tie	RRE		
STREET ADDRESS	6200 S.W. 84 STREET					ADDRESS						
CITY-ST-ZIP	MIAMI FL		☐ DELETE	1.4 CITY- 2.1 TITLE		- ZIP				Change	Addition	
TITLE	D		☐ OELETE	2.1 HILE								
NAME	KONTZAMANYS, GUS					ADORESS					ĺ	
STREET ADORESS	231 S.W. 28 ROAD			2.4 CITY		- 1						
CITY-ST-ZIP	MIAMI FL		☐ DELETE	3.1 TILE		-21		:		☐ Change	Addition	
NAME	HEROPOULOS, GEO		<u> </u>	3.2 NĀM		-		•			-	
STREET ADDRESS	12130 S.W. 96 STREET			3.3 STRE	ET/	ADDRESS					İ	
CITY-ST-ZIP	MANUEL COACO				3.4. CITY-ST-ZIP							
TITLE	PGEORGE S 1710 Sw. Miani, Fl.	Cin	DELETE	4.1 TITLE	=					☐ Change	☐ Addition	
NAME	George 3	2 - C	DICUA >	4. 2 NAM	Œ						1	
STREET ADDRESS	1710 500	- / C	me:	4.3 STRE	ET/	ADDRESS						
CITY-ST-ZIP	Miane, Fli		33,45 ☐ DELETE	4.4 CITY-	_	-ZIP					Addition	
TITLE			[] DELETE	5.1 TITLE		-				Change	☐ Addition	
NAME				5.2 NAM		ADDRESS						
STREET ADDRESS.				5.4 CITY							1	
CITY-ST-ZIP	<u> </u>		DELETE	6.1 TITLE		- AF				Change	Addition	
TITLE			□ beceir	6.2 NAMI							_	
NAME STORET ADDDESS						ADDRESS					ļ	

CITY-ST-ZIP 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 suppliemental 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 of 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 chips attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS