

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727366 (7)
1. Corporation Name
GREEK ORTHODOX CHURCH OF HOLLYWOOD, FLORIDA, INC ORPORATED



Principal Place of Business: **425 N. 58TH AVE. HOLLYWOOD FL 33021**
Mailing Address: **425 N. 58TH AVE. HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **08/31/1973**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-1811937**
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

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

9. Name and Address of Current Registered Agent
**MASON, STEVEN A.
3475 SHERIDAN STREET, SUITE 301
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name: **PERRY D. MONIOUDIS**
82 Street Address (P.O. Box Number is Not Acceptable): **235 North University Drive**
83
84 City: **Pembroke Pines, FL** 85 Zip Code: **33024**

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]* **2-6-96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHERETIS, JOHN	
STREET ADDRESS	701 DIPLOMAT PARKWAY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOFORIS, PETER	
STREET ADDRESS	4351 NORTH 41ST COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SERDENES, STYLIANOS	
STREET ADDRESS	8966 SOUTHWEST 53RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VASILAKIS, GEORGE	
STREET ADDRESS	10374 BERMUDA DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	MARINIS, CONSTANTINE	
STREET ADDRESS	5750 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUSSELL, ETHEL	
1.3 STREET ADDRESS	1406 N. 35th Ave	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOURKOUHELIS, MARIA	
2.3 STREET ADDRESS	7557 W. Oakland Pk	
2.4 CITY-ST-ZIP	Sunrise, FL 33319	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDLUND, LULA	
3.3 STREET ADDRESS	12850 SW 4th Ct	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33027	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCOURIS, ANDREAS	
4.3 STREET ADDRESS	4616 Roosevelt	
4.4 CITY-ST-ZIP	Hollywood, FL 33021	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **Feb 6, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ETHEL L. RUSSELL** Date: Day/Time Phone #

CR2E037 (12/95)