

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90219 041 ****70.00

0023673

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 727366

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 08/31/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-1811937

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONIOUDIS, PERRY D.
 235 NORTH UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

81 Name
 MONIOUDIS, PERRY D.

82 Street Address (P.O. Box Number is Not Acceptable)
 315 S.E. 7th St., Second Floor

83 City, State, and Zip Code
 Ft. Lauderdale, FL 33301

84 City, State, and Zip Code
 Ft. Lauderdale, FL 33301

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

[Handwritten Signature]

3/8/99

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME KARACHALIAS, THEODORE
 STREET ADDRESS 4314 TAYLOR ST
 CITY-ST-ZIP HOLLYWOOD FL 33021-6624

1.1 TITLE PD Change Addition
 1.2 NAME Karachalias, Theodore
 1.3 STREET ADDRESS 4151 S.W. 131st Avenue
 1.4 CITY-ST-ZIP Davie, FL 33330

TITLE VPD DELETE
 NAME KIAGIADAKIS, MARIKA
 STREET ADDRESS 9600 SEA TURTLE DR
 CITY-ST-ZIP FT LAUDERDALE FL 33324-2812

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE S DELETE
 NAME NAKIS, SOFIA
 STREET ADDRESS 4700 MCKINLEY ST
 CITY-ST-ZIP HOLLYWOOD FL 33021-4749

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE T DELETE
 NAME VASILIKI, VASILAKIS
 STREET ADDRESS 10374 BERMUDA DR
 CITY-ST-ZIP COOPER CITY FL 33026-4635

4.1 TITLE T Change Addition
 4.2 NAME Marinis, Constantine
 4.3 STREET ADDRESS 5750 Sheridan Street
 4.4 CITY-ST-ZIP Hollywood, FL 33021

TITLE AT DELETE
 NAME BAROGIANNIS, MARY
 STREET ADDRESS 414 S 57TH WAY
 CITY-ST-ZIP HOLLYWOOD FL 33023-3928

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 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, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* THEODORE KARACHALIAS (954) 966-1898
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/8/99 Date Daytime Phone #

CR2E037 (1/98)