FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737233 (7)

1. Corporation Name

GREEK ORTHODOX YOUTH CAMP - OLYMPIC VILLAGE FOUN DATION, INC.

Principal Place of Business	Mailing Address
13460 OLYMPIC VILLAGE LANE BROOKSVILLE FL 34614	13460 OLYMPIC VILLAGE LANE BROOKSVILLE FL 34614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/05/1976	04/28/1994

4. FEI Number: 59-1707092 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIADIS, JOHN (FATHER) 13460 OLYMPIC VILLAGE LANE BROOKSVILLE, FL 34614	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE ☐ Change ☐ Addition
NAME	LIADIS, JOHN (FATHER)	1.2 NAME
STREET ADDRESS	34614 OLYMPIC VILLAGE LN	1.3 STREET ADDRESS
CITY ST ZIP	BROOKSVILLE FL	1.4 CITY ST ZIP
TITLE	S	2.1 TITLE ☐ Change ☐ Addition
NAME	HALVATZES, THEODORA	2.2 NAME
STREET ADDRESS	4436 DEVONSHIRE AVE	2.3 STREET ADDRESS
CITY ST ZIP	SPRING HILL FL	2.4 CITY ST ZIP
TITLE	VD	3.1 TITLE ☐ Change ☐ Addition
NAME	KONTOGIORGIS, MICHAEL (FATHER)	3.2 NAME
STREET ADDRESS	106 VALENCIA LOOP	3.3 STREET ADDRESS
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY ST ZIP
TITLE	T	4.1 TITLE ☐ Change ☐ Addition
NAME	STEFFEN, KATINA	4.2 NAME
STREET ADDRESS	3229 SUMMER LAKE DR.	4.3 STREET ADDRESS
CITY ST ZIP	NEW PORT RICHEY FL	4.4 CITY ST ZIP
TITLE	VD	5.1 TITLE ☐ Change ☐ Addition
NAME	CONDAXIS, PETER	5.2 NAME
STREET ADDRESS	1805 WEST BEAVER STREET	5.3 STREET ADDRESS
CITY ST ZIP	JACKSONVILLE FL	5.4 CITY ST ZIP
TITLE	D	6.1 TITLE ☐ Change ☐ Addition
NAME	O'MARA, STEPHANIE	6.2 NAME
STREET ADDRESS	12763 112TH ST N	6.3 STREET ADDRESS
CITY ST ZIP	LARGO FL	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] 4/27/95 (904) 796-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074187