

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # 737233 (7)

1. Corporation Name

GREEK ORTHODOX YOUTH CAMP - OLYMPIC VILLAGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

13460 OLYMPIC VILLAGE LANE  
BROOKSVILLE FL 3461413460 OLYMPIC VILLAGE LANE  
BROOKSVILLE FL 34614-3426

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/05/1976

3a. Date of Last Report

06/28/1996

4. FEI Number

59-1707092

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

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 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: 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 LIADIS, JOHN (FATHER)  
STREET ADDRESS 34614 OLYMPIC VILLAGE LN  
CITY-ST-ZIP BROOKSVILLE FLTITLE S ☒ DELETE  
NAME HALVATZES, THEODORA  
STREET ADDRESS 4436 DEVONSHIRE AVE  
CITY-ST-ZIP SPRING HILL FLTITLE VD ☐ DELETE  
NAME KONTOGIORGIS, MICHAEL (FATHER)  
STREET ADDRESS 106 VALENCIA LOOP  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE T ☐ DELETE  
NAME STEFFEN, KATINA  
STREET ADDRESS 3229 SUMMER LAKE DR.  
CITY-ST-ZIP NEW PORT RICHEY FLTITLE VD ☐ DELETE  
NAME CONDAXIS, PETER  
STREET ADDRESS 1805 WEST BEAVER STREET  
CITY-ST-ZIP JACKSONVILLE FLTITLE D ☐ DELETE  
NAME O'MARA, STEPHANIE  
STREET ADDRESS 12763 112TH ST N  
CITY-ST-ZIP LARGO FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Sec.  
2.3 STREET ADDRESS Connie Mounides  
2.4 CITY-ST-ZIP 267 Oriana Drive  
Spring Hill, FL 346093.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone • 0089530

CR2E037 (9/96)