

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90095 045 ****61.25

0081349

DOCUMENT # 737233

1. Corporation Name

GREEK ORTHODOX YOUTH CAMP - OLYMPIC VILLAGE FOUNDATION, INC.

Principal Place of Business

13460 OLYMPIC VILLAGE LANE
BROOKSVILLE FL 34614

Mailing Address

13460 OLYMPIC VILLAGE LANE
BROOKSVILLE FL 34614



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/05/1976

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-1707092

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 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 13460 OLYMPIC VILLAGE LN
CITY-ST-ZIP BROOKSVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME MOURGIDES, CONNIE
STREET ADDRESS 267 ORIANA DRIVE
CITY-ST-ZIP SPRING HILL FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME KONTOGIORGIS, MICHAEL (FATHER)
STREET ADDRESS 106 VALENCIA LOOP
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

3.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME STEFFEN, KATINA
STREET ADDRESS 3229 SUMMER LAKE DR.
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME CONDAXIS, PETER
STREET ADDRESS 1805 WEST BEAVER STREET
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME O'MARA, STEPHANIE
STREET ADDRESS 12763 112TH ST N
CITY-ST-ZIP LARGO FL

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (352) 796-8482
Date Daytime Phone #

CR2E037 (1/98)