

**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

1-31-96 B-0579 C (0)

DOCUMENT # 764098

1. Corporation Name  
**THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLORIDA, INC.**



Principal Place of Business: 4705 W. GULF TO LAKE HWY LECANTO FL 34461 US  
Mailing Address: P.O. BOX 241 INVERNESS FL 34451-241 US

3. Date Incorporated or Qualified: 06/30/1982  
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-2424269		Applied For: <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip		29 Zip		30 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAVROS, GEORGE S 6 BYRSONIMA COURT W. SUGARMILL WOODS HOMOSASSA FL 34446				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: GEORGE S. MAVROS  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: For new agent signature required when reinstating) DATE: 1/28/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUPOS, GEORGE		1.2 NAME				
STREET ADDRESS	105 SO HARRISON STR		1.3 STREET ADDRESS				
CITY-ST-ZIP	BEVERLY HILLS FL		1.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KANIARIS, CAROLE		2.2 NAME	COLOGNA, JOHN			
STREET ADDRESS	6675 S. EASTERN AVE.		2.3 STREET ADDRESS	29 Lecanto			
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY-ST-ZIP	Lecanto FL 34460-0029			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTICOS, STEPHAN		3.2 NAME				
STREET ADDRESS	7 BYRSONIMA COURT W.		3.3 STREET ADDRESS				
CITY-ST-ZIP	HOMOSASSA FL		3.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAVROS, GEORGE S		4.2 NAME				
STREET ADDRESS	6 BYRSONIMA CT W		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOMOSASSA, FL 00000		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANARIS, GEORGE		5.2 NAME				
STREET ADDRESS	9 BYRSONIMA CT W		5.3 STREET ADDRESS				
CITY-ST-ZIP	HOMOSASSA FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELNERONOK, NICHOLAI		6.2 NAME				
STREET ADDRESS	531 SW 1 AVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER 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: GEORGE S. MAVROS President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/28/96

CR2E037 (12/95)