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 Feb 04 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

DOCUMENT # **764098** (0)  
 1. Corporation Name  
**THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLO  
 RIDA, INC.**



Principal Place of Business Mailing Address  
**4705 W. GULF TO LAKE HWY  
 LECANTO FL 34461  
 US** **P.O. BOX 241  
 INVERNESS FL 34451-0241  
 US**

3. Date Incorporated or Qualified **06/30/1982** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

4. FEI Number **59-2424269** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MAVROS, GEORGE S  
 6 BYRSONIMA COURT W.  
 SUGARMLL WOODS  
 HOMOSSASSA FL 34446**

10. Name and Address of New Registered Agent  
 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 GEORGE S. MAVROS *[Signature]* DATE 1/25/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Signature of agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUPOS, GEORGE	
STREET ADDRESS	105 SO HARRISON STR	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLOGNA, JOHN	
STREET ADDRESS	29 LECANTO	
CITY-ST-ZIP	LECANTO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PONTICOS, STEPHAN	
STREET ADDRESS	7 BYRSONIMA COURT W.	
CITY-ST-ZIP	HOMOSSASSA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAVROS, GEORGE S	
STREET ADDRESS	6 BYRSONIMA CT W	
CITY-ST-ZIP	HOMOSSASSA, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KANARIS, GEORGE	
STREET ADDRESS	9 BYRSONIMA CT W	
CITY-ST-ZIP	HOMOSSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZELNERONOK, NICHOLAI	
STREET ADDRESS	531 SW 1 AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DALMANIERAS, ALEX	
1.3 STREET ADDRESS	2634 E. MARCIA STREET	
1.4 CITY-ST-ZIP	INVERNESS, FL 34453	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLOGNA, JOHN	
2.3 STREET ADDRESS	4410 W. SANDY HILL STREET	
2.4 CITY-ST-ZIP	LECANTO, FL 34460	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARCURI, DROSOS	
3.3 STREET ADDRESS	1290 E. TRIPLE CROWN LOOP	
3.4 CITY-ST-ZIP	HERNANDO, FL 34442	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STOUKIDES, HELEN	
4.3 STREET ADDRESS	4719 N. LENA DR.	
4.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEYER, PAUL	
5.3 STREET ADDRESS	1429 E. ST. JAMES LOOP	
5.4 CITY-ST-ZIP	HERNANDO, FL 34453	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	POULOS, JOHN	
6.3 STREET ADDRESS	1625 N. PROSPECT AVENUE	
6.4 CITY-ST-ZIP	LECANTO, FL 34461	

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: GEORGE S. MAVROS, PRESIDENT *[Signature]* DATE 1/25/97 352 3446547  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0083333

CR2E037 (9/96)