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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 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
4. FEI Number: 59-2424269
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
MAVROS, GEORGE S
6 BYRSONIMA COURT W.
SUGARMILL WOODS
HOMOSASSA FL 34448

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* President GEORGE S. MAVROS 1/24/98 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	4410 W SANDY HILL STREET	
CITY-ST-ZIP	LECANTO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PONTICOS, STEPHAN	
STREET ADDRESS	7 BYRSONIMA COURT W.	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAVROS, GEORGE S	
STREET ADDRESS	6 BYRSONIMA CT W	
CITY-ST-ZIP	HOMOSASSA, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KANARIS, GEORGE	
STREET ADDRESS	9 BYRSONIMA CT W	
CITY-ST-ZIP	HOMOSASSA 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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARCURI, DROSOS	
1.3 STREET ADDRESS	1290 E. Triple Crown Loop	
1.4 CITY-ST-ZIP	Hernando, FL 34442	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MYER, PAUL	
2.3 STREET ADDRESS	1429 E. ST. JAMES LOOP	
2.4 CITY-ST-ZIP	INVERNESS, FL 34453	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NESTOR, DAN	
3.3 STREET ADDRESS	5 DUSTY MILLER COURT	
3.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	POULOS, JOHN	
4.3 STREET ADDRESS	1625 N. PROSPECT AVE	
4.4 CITY-ST-ZIP	LECANTO, FL 34461	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SKOURDUEK, ELLEN	
5.3 STREET ADDRESS	9808 SW 125 CIRCLE	
5.4 CITY-ST-ZIP	DUNNELLON, FL 34432	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STOIKIDES, HELEN	
6.3 STREET ADDRESS	4719 N. LENA DR	
6.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	

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.

CR2E037 (10/97)