


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90071 023 ****61.25

DOCUMENT # 764098

1. Entity Name
**THE GREEK ORTHODOX COMMUNITY OF WEST CENTRAL FLO
RIDA, 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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

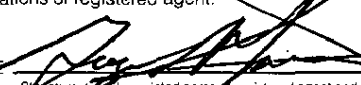
4. FEI Number **59-2424269** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **GEORGE S. MAUROS, President** DATE **1/26/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCURI, DROSOS	NAME	
STREET ADDRESS	1290 E TRIPLE CROWN LOOP	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTOR, DAN E	NAME	
STREET ADDRESS	5 DUSTY MILLER CT	STREET ADDRESS	
CITY-ST-ZIP	HOMOSSASSA FL 34446	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTICOS, STEPHAN	NAME	
STREET ADDRESS	7 BYRSONIMA COURT W.	STREET ADDRESS	
CITY-ST-ZIP	HOMOSSASSA FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAVROS, GEORGE S	NAME	
STREET ADDRESS	6 BYRSONIMA CT W	STREET ADDRESS	
CITY-ST-ZIP	HOMOSSASSA, FL 00000	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANARIS, GEORGE	NAME	
STREET ADDRESS	9 BYRSONIMA CT W	STREET ADDRESS	
CITY-ST-ZIP	HOMOSSASSA FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZELNERONOK, NICHOLAI	NAME	D DALMANIERAS, ALEX
STREET ADDRESS	531 SW 1 AVE	STREET ADDRESS	2634 E. MARCIA STREET
CITY-ST-ZIP	CRYSTAL RIVER FL	CITY-ST-ZIP	INVERNESS, FL 34453

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DALMANIERAS, ALEX** DATE **1/26/03** **352 344-6547**

CR2E037 (10/02)