

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR -7 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 764218 (4)
1. Corporation Name
ST. GEORGE GREEK ORTHODOX CHURCH, INC.

Principal Place of Business Mailing Address
9426 LITTLE ROAD NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1982** 3a. Date of Last Report **02/09/1994**

4. FEI Number **59-2588954** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 26 City & State

23 Zip Country 27 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**PSETAS, GEORGE C.
9429 HILLTOP DRIVE
NEW PORT RICHEY FL 34654**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTARIS, WILLIAM	1.2 NAME	POTARIS, WILLIAM
STREET ADDRESS	10236 TURKEY OAK DR.	1.3 STREET ADDRESS	10236 Turkey Oak Dr.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	VPT	2.1 TITLE	Vice Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH III, EDWARD H	2.2 NAME	James Kordis
STREET ADDRESS	5616 FIELDSPRING AVE.	2.3 STREET ADDRESS	4920 Galleon Ct.
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	ST	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, KOULLA	3.2 NAME	Gates, Viola
STREET ADDRESS	P.O. BOX 225 N/A	3.3 STREET ADDRESS	8852 Forest Lake Dr.
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	DCS	4.1 TITLE	Cor. Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNAS, PATRICIA	4.2 NAME	Townsend, Hugh
STREET ADDRESS	8503 BEACH ROAD	4.3 STREET ADDRESS	9701 Hermosillo Dr.
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34655
TITLE	TD	5.1 TITLE	Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORDIS, JAMES	5.2 NAME	Fokas, Elene
STREET ADDRESS	4920 GALLEON CT.	5.3 STREET ADDRESS	8283 Shoup Street
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	DAT	6.1 TITLE	Asst. Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOKAS, ELENE	6.2 NAME	Tsioukanaras, Theoharis
STREET ADDRESS	8283 SHOUP STREET	6.3 STREET ADDRESS	5024 Calash Drive
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP	New Port Richey, FL 34652

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elene Fokas (904) 688-2828
 _____ Date: March 20 1995 Daytime Phone # _____