

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **765049** (2)

1. Corporation Name

**AMERICAN FRIENDS OF THE GREEK ORTHODOX PATRIARCH
ATE OF JERUSALEM, INC.**



Principal Place of Business

Mailing Address

**255 ALHAMBRA CIRCLE
SUITE 730
CORAL GABLES FL 33134
US**

**255 ALHAMBRA CIRCLE
SUITE 730
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
10/19/1982

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 255 Alhambra Circle

26 255 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1125

27 Suite 1125

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33134

25 US

29 33134

30 US

4. FEI Number

59-2249035

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

10. Name and Address of New Registered Agent

**YANAKASIS, BASIL S.
255 ALHAMBRA CIRCLE
SUITE 730
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE
NAME **PAYIATIS, PHILEMON REV**
STREET ADDRESS **12250 NW 2ND AVE**
CITY-ST-ZIP **N MIAMI FL**

TITLE **PD** ☐ DELETE
NAME **YANAKAKIS, BASIL S**
STREET ADDRESS **255 ALHAMBRA CIRCLE #730**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☒ DELETE
NAME **NEOFOTISTOS, GEORGE REV**
STREET ADDRESS **329 ROMANO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VD** ☐ DELETE
NAME **ROUSSAKIS, EMMANUEL**
STREET ADDRESS **15845 S.W. 87TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE
NAME **XIFARAS, ROBERT L.**
STREET ADDRESS **63 PROSPECT AVENUE**
CITY-ST-ZIP **WESTSHORE HARBOUR MA**

TITLE **SD** ☐ DELETE
NAME **EFTHIMIOU, GUS JR.**
STREET ADDRESS **255 ALHAMBRA CIRCLE #730**
CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **cheretis, John**
1.3 STREET ADDRESS **337 71 Street**
1.4 CITY-ST-ZIP **Miami Beach, FL 33141**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Haralambides, John**
2.3 STREET ADDRESS **3135 SW 3rd Ave**
2.4 CITY-ST-ZIP **Miami, FL 33129**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Rev. Kalavritinos, Sotiris**
3.3 STREET ADDRESS **94 Grand View Ave**
3.4 CITY-ST-ZIP **Quincy, MA 02170**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Basil S. Yanakakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (205) 443-9297
Date Daytime Phone #

0000341

CR2E037 (3/96)