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 Apr 01 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 # 769185 (0)
 1. Corporation Name
 ST. ELIZABETH GREEK ORTHODOX CHURCH OF GAINESVILLE, INC.



Principal Place of Business Mailing Address
 5129 NW 53 AVENUE GAINESVILLE FL 32653 US
 5129 NW 53 AVENUE GAINESVILLE FL 32653-4318 US

3. Date Incorporated or Qualified 06/30/1983
 3a. Date of Last Report 02/02/1996
 4. FEI Number 59-2461602 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

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

9. Name and Address of Current Registered Agent
 SCHEFFER, GEORGE
 2818 S.W. 2ND AVENUE
 GAINESVILLE FL 32607

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GAITANIS, LOUIS A 5527 NW 53 AVE GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	TD SCHEFFER, GEORGE 2818 S.W. 2ND AVENUE GAINESVILLE FL 32607	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	VD ISSA, RAYMOND 2129 SW 78 TER GAINESVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	SD RUPENIAN, MARTA 8620 NW 13TH STREET, #208 GAINESVILLE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PD PRESIDENT ISSA, RAYMOND 2129 SW 78 TER GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD TREASURER PEREGRIN, JOHN M. P.O. BOX 1277 25129 SW 1ST AVE. NEWBERY, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD VICE PRESIDENT STAVROS (DIAVOLITSIS) 2717 N.W. 58th BLVD - LKRI NAME GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD SECRETARY HERKOV, MICHAEL 407 S.W. 134th TER. NEWBERY, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: R. RAYMOND ISSA
 3/3/97 352-392-745

CR2E037 (9/96)