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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769185 (0)

1. Corporation Name
ST. ELIZABETH GREEK ORTHODOX CHURCH OF GAINESVILLE, INC.

Principal Place of Business 5129 NW 53 AVENUE GAINESVILLE FL 32653 US	Mailing Address 5129 NW 53 AVENUE GAINESVILLE FL 32653 US
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3. Date Incorporated or Qualified
06/30/1983

4. FEI Number
59-2461602

Applied For
 Not Applicable

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

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
ISSA, R. Raymond

82 Street Address (P.O. Box Number is Not Acceptable)
2129 SW 78th Ter

83

84 City
Gainesville

85 Zip Code
FL 32607

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]* **R. RAYMOND ISSA** **4/20/98**

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PEREGRIN, JOHN M.	
STREET ADDRESS	25129 SW 1ST AVE., P.O BOX 1277	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DIAVOLITSIS, STAVROS	
STREET ADDRESS	2717 NW 58TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ISSA, R. RAYMOND	
STREET ADDRESS	2129 SW 78 TER	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERKOV, MICHAEL	
STREET ADDRESS	407 SW 134TH TERR	
CITY-ST-ZIP	NEWBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TREASURER
2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPD
5.3 STREET ADDRESS	Harbilas, William
5.4 CITY-ST-ZIP	2922 NW 38th St. GAINESVILLE, FL 32606
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **R. Raymond Issa 4/20/98**

CR2E037 (10/97)