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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90026 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769185 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	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 29-2461060	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHEFFER, GEORGE 2818 S.W. 2ND AVENUE GAINESVILLE FL 32607				81 Name R. Raymond Issa			
				82 Street Address (P.O. Box Number is Not Acceptable) 2129 SW 78 th 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 R. RAYMOND CSA DATE 5/7/99

(NOTE: Registered Agent signature required and when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD HARBILAS, WILLIAM 2922 NW 38TH STREET GAINESVILLE FL 32606	1.1 TITLE	
	<input type="checkbox"/> DELETE	1.2 NAME	
TITLE	DIAVOLITSIS, STAVROS 2717 NW 58TH BLVD GAINESVILLE FL	1.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	PD ISSA, R. RAYMOND 2129 SW 78 TER GAINESVILLE FL	2.1 TITLE	Treasurer
	<input type="checkbox"/> DELETE	2.2 NAME	Therese Hirko
TITLE	SD HERKOV, MICHAEL 407 SW 134TH TERR NEWBERRY FL	2.3 STREET ADDRESS	6737 NW 37th Ter.
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE		3.1 TITLE	
	<input type="checkbox"/> DELETE	3.2 NAME	
TITLE		3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
	<input type="checkbox"/> DELETE	4.2 NAME	
TITLE		4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
	<input type="checkbox"/> DELETE	6.2 NAME	
TITLE		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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 119.01(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, with all other like empowered.

SIGNATURE: R. RAYMOND DATE 5/22/99 DAYTIME PHONE # 352 371-7258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)