

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 # **F95000000852 (2)**

1. Corporation Name

PANOS ZACHARIOU INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

P.O. BOX 3552
LONGWOOD FL 32779

Mailing Address

P.O. BOX 3552
LONGWOOD FL 32779

3. Date Incorporated or Qualified

02/21/1995

3a. Date of Last Report

2. Principal Place of Business

21 301 SAN MARCOS AV.

2a. Mailing Address

26 P.O. BOX 3552

4. FEI Number

68-0150020

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SANFORD, FL.

28 LONGWOOD, FL

Zip

Country

Zip

Country

24 32771

25 U.S.A.

29 32779

30 U.S.A.

9. Name and Address of Current Registered Agent

ZACHARIOU, ALEXANDER P
373-202 CHAMPAGNE PL.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

PANOS ZACHARIOU

82 Street Address (P.O. Box Number is Not Acceptable)

373 Champagne Place #202

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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] PD

(NOTE: Registered Agent signature required when reinstating)

6-14-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE

NAME **ZACHARIOU, PANOS**
STREET ADDRESS **373-202 CHAMPAGNE PL.**
CITY - ST - ZIP **LONGWOOD FL 32779**

TITLE **VO** ☐ DELETE

NAME **ZACHARIOU, PHILEMON**
STREET ADDRESS **9201 STARINA WAY**
CITY - ST - ZIP **SACRAMENTO CA 95826**

TITLE **SD** ☐ DELETE

NAME **ZACHARIOU, JOY H**
STREET ADDRESS **373-202 CHAMPAGNE PL.**
CITY - ST - ZIP **LONGWOOD FL 32779**

TITLE **TD** ☐ DELETE

NAME **ZACHARIOU, ALEXANDER P**
STREET ADDRESS **373-202 CHAMPAGNE PL.**
CITY - ST - ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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:

[Signature] **PANOS ZACHARIOU** **6-14-96** **(407)324-8171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)