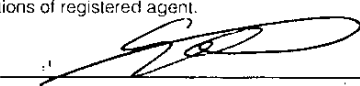


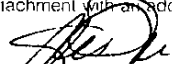
# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90010 045 \*\*\*\*61.25

|                                                                                                                                                                                                                                                           |                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                             |                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N00000002055</b><br>1. Entity Name<br><b>ST. RAPHAEL, ST. NICHOLAS &amp; ST. IRENE<br/>HELLENIC ORTHODOX CHURCH, INC.</b>                                                                                                                   |                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                             |                                                                                                          |  |
| Principal Place of Business<br><b>1010 RIVER RD<br/>PALM HARBOR FL 34683</b>                                                                                                                                                                              |                                                                                                                               | Mailing Address<br><b>1010 RIVIERE RD<br/>PALM HARBOR FL 34683</b>                                                    |                                                                                                                                                                                                                             |                                                                                                                                                                                           |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                     |                                                                                                                               | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                             |                                                                                                                                                                                                                             |                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                              |                                                                                                                               | City & State                                                                                                          |                                                                                                                                                                                                                             |                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                       | Country                                                                                                                       | Zip                                                                                                                   | Country                                                                                                                                                                                                                     | 4. FEI Number <b>59-3648692</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                           |                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                             | 1st MOORE CR2E037 (10/05)                                                                                                                                                                 |  |
| 6. Name and Address of Current Registered Agent<br><b>KOULIANOS, ERINE M<br/>516 WEST CEDAR STREET<br/>TARPON SPRINGS FL 34689</b>                                                                                                                        |                                                                                                                               |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name <b>Koulianos, Erine M.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>434 Athens Street</b><br>City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34689</b> |                                                                                                                                                                                           |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                             |                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                             |                                                                                                                                                                                           |  |
| SIGNATURE <br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> |                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                             | DATE <b>3/3/06</b>                                                                                                                                                                        |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                                                    |                                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                             | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                         |                                                                                                                               |                                                                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                |                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                            | PD<br><b>KOULIANOS, GEORGE</b> <input type="checkbox"/> Delete<br><b>516 W CEDAR ST</b><br><b>TARPON SPRINGS FL 34689</b>     |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Koulianos, George Dr.</b><br><b>1010 Riviere Road</b><br><b>Palm Harbor, FL 34683</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                            | VD<br><b>DAMIANAKIS, ELAINE</b> <input type="checkbox"/> Delete<br><b>434 ATHENS ST</b><br><b>TARPON SPRINGS FL 34689</b>     |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                            | T<br><b>DAMIANAKIS, NIKITAS</b> <input type="checkbox"/> Delete<br><b>434 ATHENS STREET</b><br><b>TARPON SPRINGS FL 34698</b> |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                            | S<br><b>SANDBORN, MARLYN</b> <input type="checkbox"/> Delete<br><b>1010 RIVIERE RD</b><br><b>PALM HARBOR FL 34683</b>         |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                               |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                               |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Dr. George M. Koulianos** **3/3/06** **727-365-4135**