

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02072** (9)

1. Corporation Name

**GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC.**



Principal Place of Business: 129 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32118-4250  
Mailing Address: 129 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32118-4250

3. Date Incorporated or Qualified <b>03/21/1984</b>	3a. Date of Last Report <b>05/11/1995</b>
4. FEI Number <b>59-2368661</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>FOREST, MICHAEL J. 105 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32018</b>	81. Name	10. Name and Address of New Registered Agent
	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 617.1003, Florida Statutes.

SIGNATURE: *Michael J. Forest* 1-19-96  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUTOUZIS, IRENE	12 NAME	
STREET ADDRESS	2500 N. HALIFAX AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	14 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREST, MICHAEL J.	22 NAME	
STREET ADDRESS	105 N. HALIFAX AVE	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANT, SAM	32 NAME	
STREET ADDRESS	2204-B S PENINSULA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	34 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRATT, JAMES	42 NAME	<b>PRESIDENT DIRECTOR</b>
STREET ADDRESS	2734 S. PENINSULA DRIVE	43 STREET ADDRESS	<b>ASKOS, GUS</b>
CITY-ST-ZIP	DAYTONA BEACH FL 32118	44 CITY-ST-ZIP	<b>84 TROPICAL FALLS</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Michael J. Forest* 1-19-96 252-6012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)