


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 03/21/1984	
4. FEI Number 59-2368661	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FOREST, MICHAEL J.
105 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32018**

10. Name and Address of New Registered Agent

81 Name FUNDOUKOS, THEODORE E.	
82 Street Address (P.O. Box Number is Not Acceptable) 1001 Faulkner Street	
83 N	
84 City New Smyrna Beach FL	85 Zip Code 32168

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 Theodore E. Fundoukos DATE 4/30/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VD	<input type="checkbox"/> DELETE
NAME KOUTOUZIS, IRENE	
STREET ADDRESS 2500 N. HALIFAX AVE.	
CITY - ST - ZIP DAYTONA BEACH FL 32118	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME FOREST, MICHAEL J.	
STREET ADDRESS 105 N. HALIFAX AVE	
CITY - ST - ZIP DAYTONA BCH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CONSTANT, SAM	
STREET ADDRESS 2204-B S PENINSULA AVE	
CITY - ST - ZIP DAYTONA BEACH FL 32118	
TITLE P D	<input checked="" type="checkbox"/> DELETE
NAME LASKOS, GUS	
STREET ADDRESS 84 TROPICAL FALLS	
CITY - ST - ZIP ORMOND BEACH 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 TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME FUNDOUKOS, THEODORE E.	
2.3 STREET ADDRESS 1001 FAULKNER STREET	
2.4 CITY - ST - ZIP NEW SMYRNA BEACH, FL #32168	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME POLITIS, MICHAEL	
4.3 STREET ADDRESS 2235 JOHN ANDERSON DRIVE	
4.4 CITY - ST - ZIP ORMOND BEACH, FL 32176	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: Theodore E. Fundoukos DATE: 4/30/98 304-423-7822

CF2E037 (10/97)