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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N02072

1. Corporation Name

GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

129 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32118-4250

2. Principal Place of Business

Suite, Apt. #, etc.

21

129 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32118-4250

## FILED Mar 12, 1999 8:00 am § Secretary of State

03-12-1999 90037 036 \*\*\*122.50

3. Date incorporated or Qualifed

03/21/1984

4. FEI Number

22		27			59-2368661		Not	Applicable		
City & State	9	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Red			
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be		
25 29 30			7		Trust Fund Contribution		Added to	, ,		
	9. Name and Address of Current	1			10. Name and Address of New F	egistered A	Agent			
			81	Name						
ELINDOLIK	OS, THEODORE E		80 Chart Address (D.O. Day Number in Not Accordable)							
-	•		82 Street Address (P.O. Box Number is Not Acceptable)							
1001 FAU			83							
MEAN SWI	RNA BCH FL 32168						11			
			84	City		FL	85 Zip C			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named	corporation submits this statement for the oration's board of directors. I hereby accep	purpose of	changing its	registered		
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida. Such change was auth ons of, Section 617.0503, Florida	Statutes.	ne corpo	oration's board of directors. I hereby accep	t trie appoi	milent as reg	Jistorea		
•	FUNDOUROS THEODER A		-11-	<b></b>	& Fundanks	28 3	1989	,		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ageni	signature r	required when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	VD	DELETE	1.1 TITLE		YD		Change	Addition		
NAME	KOUTOUZIS, IRENE		1.2 NAME		STP-ATIS, TOM					
STREET ADDRESS	2500 N. HALIFAX AVE.		1.3 STREET	ADDRESS	1326 SHANGEI LA D	RIVE				
CITY-ST-ZIP	DAYTONA BEACH FL 32118		1.4 CITY-ST	-ZIP	DAYTONA BENCH, FL	321				
TITLE	TD	☐ DELETE	2.1 TITLE				Change	☐ Addition		
NAME	FUNDOUKOS, THEODORE E		2.2 NAME							
STREET ADDRESS	1001 FAULKNER ST		2.3 STREET	ADDRESS						
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168		2.4 CITY-S	r-zip						
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition		
NAME	CONSTANT, SAM		3.2 NAME							
STREET ADDRESS	2204-B S PENINSULA AVE		3.3 STREET	ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL 32118		3.4. CITY-S	r-zip						
TITLE	PD	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition		
NAME	POLITIS, MICHAEL		4, 2 NAME			1				
STREET ADDRESS	2235 JOHN ANDERSON DR		4.3 STREET	ADDRESS				ĺ		
CITY-ST-ZIP	ORMOND BCH FL 32176		4.4 CITY-ST	-ZIP						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS	,					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			*			
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition		
NAME			6.2 NAME					-		
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: MANAGE OF SIGNAL OF SIGNA

54 DAN 1999

904-428-7822 Daytima Phone # CR2E037 (11/98)

Applied For