

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

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001814

1. Entity Name

CHURCH OF PANAGIA STROMITISSA CORPORATION



Principal Place of Business

4259 RUDDER WAY
NEW PORT RICHEY FL 34652

Mailing Address

4259 RUDDER WAY
NEW PORT RICHEY FL 34652



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

06-1684681

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIANTAFYLLOU, STEVE
4259 RUDDER WAY
NEW PORT RICHEY FL 34652

Name

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

City

FL

Zip Code

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

Steve Triantafyllou

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

1-25-2006

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
P TRIANTAFYLLOU, STEVE
STREET ADDRESS 4259 RUDDER WAY
CITY- ST- ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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

Steve Triantafyllou

1-25-2006