2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002559

1. Entity Name
GREEK ORTHODOX MISSION OF GREATER OCALA, INC.

Principal Place of Business	Mailing Address
2240 SE 5TH ST OCALA, FL 34471	PO BOX 5871 OCALA, FL 34478

U00000433549
02/24/06-80023-008 61.25

DO NOT WRITE IN THIS SPACE

01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
56-2433116
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PANTAZIS, ELLEN
2240 SE 5TH ST
OCALA, FL 34471

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PANTAZIS, COOLEY G
STREET ADDRESS	2240 SE 5TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	ZOTOS, TOM
STREET ADDRESS	12297 SE 177TH LOOP
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	S
NAME	DEAN, NANCY
STREET ADDRESS	14731 SE 1ST AVE RD
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	T
NAME	MANOS, IRENE
STREET ADDRESS	2560 SW 87TH PLACE
CITY-ST-ZIP	OCALA, FL 34476
TITLE	AT
NAME	PANTAZIS, ELLEN
STREET ADDRESS	2240 SE 5TH PLACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Irene Manos - IRENE MANOS 2/13/06 (352) 237-1496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #