


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002559	
1. Entity Name GREEK ORTHODOX MISSION OF GREATER OCALA, INC.	

Principal Place of Business 2240 SE 5TH ST OCALA, FL 34471	Mailing Address PO BOX 5871 OCALA, FL 34478
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01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2433116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Ellen Pantazis DATE 1/15/07

Signature, typed or printed name of registered agent and fee payable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000589826 01/18/07-80031-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANTAZIS, COOLEY G 2240 SE 5TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZOTOS, TOM 12297 SE 177TH LOOP SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAN, NANCY 14731 SE 1ST AVE RD SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANOS, IRENE 2560 SW 87TH PLACE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PANTAZIS, ELLEN 2240 SE 5TH PLACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 officers empowered.

SIGNATURE: Cooley G Pantazis DATE 1/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR