

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002559

FILED  
Feb 18, 2008  
Secretary of State

**Entity Name:** GREEK ORTHODOX MISSION OF GREATER OCALA, INC.

**Current Principal Place of Business:**

2240 SE 5TH ST  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5871  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 56-2433116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PANTAZIS, COOLEY G  
Address: 2240 SE 5TH ST  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: ZOTOS, TOM  
Address: 12297 SE 177TH LOOP  
City-St-Zip: SUMMERFIELD, FL 34491

Title: S ( ) Delete  
Name: DEAN, NANCY  
Address: 14731 SE 1ST AVE RD  
City-St-Zip: SUMMERFIELD, FL 34491

Title: T ( ) Delete  
Name: MANOS, IRENE  
Address: 2560 SW 87TH PLACE  
City-St-Zip: OCALA, FL 34476

Title: AT ( ) Delete  
Name: PANTAZIS, ELLEN  
Address: 2240 SE 5TH PLACE  
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DAVIS, JOHN R  
Address: 2059 NE 42ND ST  
City-St-Zip: OCALA, FL 34479

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MARINICH, OLEG  
Address: 5355 NW 26TH LANE  
City-St-Zip: OCALA, FL 34482

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AT ( ) Change (X) Addition  
Name: MANOS, IRENE  
Address: 2560 SW 87TH PLACE  
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE MANOS

AT

02/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date