

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16057 (4)
1. Corporation Name
THE GREEK ORTHODOX CHURCH-RADIO PULPIT, INC.



Principal Place of Business Mailing Address
PO BOX 954 PO BOX 954
ST. PETERSBURG FL 33731 ST. PETERSBURG FL 33731

3. Date Incorporated or Qualified 07/28/1986 3a. Date of Last Report 02/13/1995
4. FEI Number 59-2893712 ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
22 THE GREEK ORTHODOX CHURCH
SUITE, Apt. # 40th Street North RADIO PULPIT
22 St. Petersburg, Florida 33713 27 P.O. Box 954
City & State U. S. A. 28 St. Petersburg, Fla. 33731
23 City & State 29 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KYRITSIS, THEODORE S.
2280 40TH STREET NORTH
ST. PETERSBURG FL
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and the (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME KYRITSIS, THEODORE S. 1.2 NAME
STREET ADDRESS 2280 40 ST. N. 1.3 STREET ADDRESS
CITY-ST-ZIP ST. PETERSBURG FL 1.4 CITY-ST-ZIP
TITLE VSD ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME KYRITSIS, EVDOKIA T. 2.2 NAME
STREET ADDRESS 2280 40 ST. N. 2.3 STREET ADDRESS
CITY-ST-ZIP ST. PETERSBURG FL 2.4 CITY-ST-ZIP
TITLE STD ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME KYRITSIS, SPIROS T. 3.2 NAME
STREET ADDRESS 2280 40 ST. N. 3.3 STREET ADDRESS
CITY-ST-ZIP ST. PETERSBURG FL 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *Theodore S. Kyritsis* August 1st '96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone (813) 323-2596

CR2E037 (12/95)