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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:24

DOCUMENT # **N26627** **(2)**

1. Corporation Name
MESSENIANS OF WEST-CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 4151 CLEARWATER FL 34618 US	P.O. BOX 4151 CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 04/12/1994
4. FEI Number: 39-6098518 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PANAGIOTOPOULOS, COSTAS
1527 TANGERINE ST.
CLEARWATER 34616

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE		☐ Change ☐ Addition
NAME	PAAGIOTOPOULOS, COSTAS	12 NAME	PANAGIOTOPOULOS, COSTAS Correction	
STREET ADDRESS	1527 TANGERINE ST.	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	P	☑ Change ☐ Addition
NAME	NEZIS, ANDREAS	22 NAME		
STREET ADDRESS	1854 EMORY DR.	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE	D	☑ Change ☐ Addition
NAME	ALEXANDER, ALEX	32 NAME		
STREET ADDRESS	14333-66TH AVENUE N.	33 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ANTON, NICK	42 NAME		
STREET ADDRESS	13 BOOTH BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PATRIANAKOS, MARIA	52 NAME		
STREET ADDRESS	1816 STETSON DR.	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE	D	☑ Change ☐ Addition
NAME	MARKOU, ESTHER	62 NAME		
STREET ADDRESS	533 WALKER RD	63 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	64 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: C Panagiotopoulos COSTAS PANAGIOTOPOULOS 4-5-95 813-744-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004278