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 # **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

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PANAGIOTOPOULOS, COSTAS		1.2 NAME		
STREET ADDRESS	1527 TANGERINE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEZIS, ANDREAS		2.2 NAME		
STREET ADDRESS	1854 EMORY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, ALEX		3.2 NAME		
STREET ADDRESS	14333-86TH AVENUE N.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANTON, NICK		4.2 NAME		
STREET ADDRESS	13 BOOTH BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	S	☑ Change ☐ Addition
NAME	PATRIANAKOS, MARIA		5.2 NAME	PRINOS, MARY	
STREET ADDRESS	1816 STETSON DR.		5.3 STREET ADDRESS	851 BAYWAY BLVD, YACHT HOUSE #801	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	CLEARWATER, FL 34630	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARKOU, ESTHER		6.2 NAME		
STREET ADDRESS	533 WALKER RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		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: C Panagiotopoulos COSTAS PANAGIOTOPOULOS 3-8-96 813-744-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)