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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

PO BOX 4151  
CLEARWATER FL 34618  
US

Mailing Address

P.O. BOX 4151  
CLEARWATER FL 34618-4151  
US3. Date Incorporated or Qualified  
05/25/19883a. Date of Last Report  
04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

39-6098518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANAGIOTOPOULOS, COSTAS  
1527 TANGERINE ST.  
CLEARWATER 34618

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T DELETE  
NAME PANAGIOTOPOULOS, COSTAS  
STREET ADDRESS 1527 TANGERINE ST.  
CITY-ST-ZIP CLEARWATER FLTITLE P DELETE  
NAME NEZIS, ANDREAS  
STREET ADDRESS 1854 EMORY DR.  
CITY-ST-ZIP CLEARWATER FLTITLE D DELETE  
NAME ALEXANDER, ALEX  
STREET ADDRESS 14333-86TH AVENUE N.  
CITY-ST-ZIP SEMINOLE FLTITLE D DELETE  
NAME ANTON, NICK  
STREET ADDRESS 13 BOOTH BLVD  
CITY-ST-ZIP SAFETY HARBOR FLTITLE S DELETE  
NAME PRINOS, MARY  
STREET ADDRESS 851 BAYWAY BLVD YACHTHOUSE 801  
CITY-ST-ZIP CLEARWATER FLTITLE D DELETE  
NAME MARKOU, ESTHER  
STREET ADDRESS 533 WALKER RD  
CITY-ST-ZIP SAFETY HARBOR FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE D Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE V Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE P Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIPFINGAS, POP  
2890 ROBBY CT  
CLEARWATER, FL 34619KAKLAMANNOS, JAMES  
2725 ASHWOOD CT  
CLEARWATER, FL 346212286 MINNEOLA RD  
CLEARWATER, FL 34624

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

813-7446640

Date Daytime Phone # 0088888

CP2E037 (9/96)