

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90026 002 ****61.25

DOCUMENT # **N26627**

1. Corporation Name

MESSENIANS OF WEST-CENTRAL FLORIDA, INC.

143114 - 90026 - 2

Principal Place of Business

PO BOX 4151
CLEARWATER FL 34618
US 33758

Mailing Address

P.O. BOX 4151 33758
CLEARWATER FL 34618
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/25/1988

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	PANAGIOTOPOULOS, COSTAS	
STREET ADDRESS	1527 TANGERINE ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEZIS, ANDREAS	
STREET ADDRESS	1854 EMORY DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINGAS, POPI	
STREET ADDRESS	2890 REGENCY CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAKLAMANOS, JAMES	
STREET ADDRESS	2725 ASHWOOD CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRINOS, MARY	
STREET ADDRESS	851 BAYWAY BLVD YACHTHOUSE 801	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARKOU, ESTHER	
STREET ADDRESS	2286 MINNEOLA RD	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Costas Panagiotopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

813-744-6640

Date

Daytime Phone #

CR2E037 (11/98)