


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90262 030 ****61.25

| | | | | | |
|---|--------------------------------|--|---|--|--|
| DOCUMENT # N26627 | | | |  | |
| 1. Entity Name MESSENIANS OF WEST-CENTRAL FLORIDA, INC. | | | | | |
| Principal Place of Business PO BOX 4151 CLEARWATER, FL 33756 US | | | Mailing Address P.O. BOX 4151 CLEARWATER, FL 33756 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 39-6098518 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PANAGIOTOPOULOS, COSTAS 1527 TANGERINE ST. CLEARWATER, FL 33756 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | RD | <input type="checkbox"/> Delete | TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PANAGIOTOPOULOS, COSTAS | | NAME | | |
| STREET ADDRESS | 1527 TANGERINE ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER, FL | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARKOU, ESTHER | | NAME | | |
| STREET ADDRESS | 2286 MINNEOLA RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER, FL 33764 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALEXANDER, ALEX | | NAME | | |
| STREET ADDRESS | 14333-EIGHTH AVENUE NORTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE, FL 33776 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARARIS, DEMITRIOS | | NAME | | |
| STREET ADDRESS | 13473 CROFT DR N | | STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO, FL 33774 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PRINOS, MARY | | NAME | Nancy Panagopoulos | |
| STREET ADDRESS | 851 BAYWAY BLVD YACHTHOUSE 801 | | STREET ADDRESS | 33080 Leprechaun Ln. | |
| CITY-ST-ZIP | CLEARWATER, FL | | CITY-ST-ZIP | Palm Harbor, 34683, FL | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIHALOPOULOS, GLORIA | | NAME | | |
| STREET ADDRESS | 2579 COUNTRYSIDE BLVD #302 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER, FL 33761 | | CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Alex P. Alexander</i> | | | Date: <i>4/22/05</i> | | Daytime Phone #: <i>(727) 596-6848</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |