


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90001 040 ****61.25

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| 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 | | | |
| Zip | Country | Zip | Country | | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 | S <input type="checkbox"/> Delete | | TITLE | <input 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 | T <input type="checkbox"/> Delete | | TITLE | <input 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 | P <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALEXANDER, ALEX | | NAME | 14333 86th Ave N | |
| STREET ADDRESS | 14333 EIGHTH AVENUE NORTH | | STREET ADDRESS | Seminole, FL 33776 | |
| CITY - ST - ZIP | SEMINOLE, FL 33776 | | CITY - ST - ZIP | D | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARARIS, DEMITRIOS | | NAME | VP | |
| STREET ADDRESS | 13473 CROFT DR N | | STREET ADDRESS | | |
| CITY - ST - ZIP | LARGO, FL 33774 | | CITY - ST - ZIP | | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PANAGOPOULOS, NANCY | | NAME | Ilias Kamellopoulos | |
| STREET ADDRESS | 33083 LEPRECHAUN LN | | STREET ADDRESS | 8270 137 way N. | |
| CITY - ST - ZIP | PALM HARBOR, FL 34683 | | CITY - ST - ZIP | Seminole, FL 33776 | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MIHALOPOULOS, GLORIA | | NAME | | |
| STREET ADDRESS | 2670 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 exemptions contained in Chapter 119, 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: Alex P. Alexander (Alex P. Alexander) 8/7/06 127-596-6848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |