# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30728** **(2)**

1. Corporation Name

**RETIRED GREEK ORTHODOX CLERGY OF AMERICA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| REV GEO GALLOS<br>1738 SEAFAIR DRIVE<br>ST. AUGUSTINE FL 32084 | REV GEO GALLOS<br>1738 SEAFAIR DRIVE<br>ST. AUGUSTINE FL 32084 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/16/1989**
3a. Date of Last Report: **03/06/1994**
4. FEI Number: **65-0124250** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / County<br>24 / 25 | Zip / County<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

GALLOS, GEORGE
1738 SEA FAIR DRIVE
ST. AUGUSTINE BEACH FL 32084

**10. Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(If applicable, typed or printed name of registered agent and title if agent is an officer) (NEW Registered Agent signature required when mandated) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | REV. WILLIAM G. GAINES | 12 NAME | | |
| STREET ADDRESS | 4712 MARSEILLE PLACE | 13 STREET ADDRESS | | |
| CITY ST ZIP | METAIRIE LA 70002 | 14 CITY ST ZIP | | |
| TITLE | TD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | GALLOS, GEORGE | 22 NAME | | |
| STREET ADDRESS | 1738 SEA FAIR DRIVE | 23 STREET ADDRESS | | |
| CITY ST ZIP | ST. AUGUSTINE BEACH FL 32084 | 24 CITY ST ZIP | | |
| TITLE | VD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | BOUYOUCAS, EMMANUEL | 32 NAME | | |
| STREET ADDRESS | 1885 ABBEY RD. | 33 STREET ADDRESS | | |
| CITY ST ZIP | W. PALM BEACH FL | 34 CITY ST ZIP | | |
| TITLE | V | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | MEKRAS, DEMOSTHENES | 42 NAME | | |
| STREET ADDRESS | 135 SW 22ND RD. | 43 STREET ADDRESS | | |
| CITY ST ZIP | MIAMI FL | 44 CITY ST ZIP | | |
| TITLE | S | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | PAPADEAS, GEORGE | 52 NAME | | |
| STREET ADDRESS | 917 VALENCIA DR. | 53 STREET ADDRESS | | |
| CITY ST ZIP | S.DAYTONA BEACH FL | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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)(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.

**SIGNATURE:** Rev. Geo. P. Gallos 5/2/95 904 471-6967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000304