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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N30728 (2)

1. Corporation Name
RETIRED GREEK ORTHODOX CLERGY OF AMERICA, INC.

Principal Place of Business	Mailing Address
1480 SHERIDIAN ST. APT. B16 HOLLYWOOD FL 32084 US	1480 SHERIDIAN ST. APT. B16 HOLLYWOOD FL 33020-2295 US

3. Date Incorporated or Qualified: 02/16/1989
3a. Date of Last Report: 06/18/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILEMON PAYIATIS
1480 SHERIDAN ST.
APT. B16
HOLLYWOOD FL 32084

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REV. WILLIAM G. GAINES		1.2 NAME	
STREET ADDRESS	4712 MARSEILLE PLACE	PRESIDENT	1.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA 70002		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PHILEMON PAYIATIS		2.2 NAME	
STREET ADDRESS	1480 SHERIDAN ST., APT. B16	Treasurer	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE	VD	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOUYOUCAS, EMMANUEL		3.2 NAME	
STREET ADDRESS	1885 ABBEY RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MEKRAS, DEMOSTHENES		4.2 NAME	
STREET ADDRESS	135 SW 22ND RD.	Vice President	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PAPADEAS, GEORGE		5.2 NAME	1/15/96
STREET ADDRESS	917 VALENCIA DR.	Secretary	5.3 STREET ADDRESS	
CITY-ST-ZIP	S.DAYTONA BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	CONTINENTAL NATIONAL BANK
STREET ADDRESS			6.3 STREET ADDRESS	801 S.W. First St.
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BANK MIAMI FL 33135-9890

CR2E037 (9/96)

14. I do 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.

SIGNATURE: P. Payiatis PHILEMON PAYIATIS Under oath 920