2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30728

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0124250** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City _____ **FL** Zip Code

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.

SIGNATURE _____

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

FILE NOW:
FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CAMS, WILLIAM REV		NAME		
STREET ADDRESS	4712 MARSEILLE PL		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA 70002		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PAYIATIS, PHIL		NAME		
STREET ADDRESS	1480 SHERIDAN ST., APT. B16		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEKRAS, DEMOSTHENES		NAME		
STREET ADDRESS	153 SW 22ND RD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PAPADEAS, GEORGE		NAME		
STREET ADDRESS	917 VALENCIA DR.		STREET ADDRESS		
CITY-ST-ZIP	S.DAYTONA BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/99)

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15 2000   954-920-1435

Date   Daytime Phone #