

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42499 (6)

1. Corporation Name

GREEK ORTHODOX CHURCH OF CHARLOTTE COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

**24411 RAMPART BLVD
PORT CHARLOTTE FL 33960
US**

**24411 RAMPART BLVD
PORT CHARLOTTE FL 33960
US**

3. Date Incorporated or Qualified **03/14/1991** 3a. Date of Last Report **11/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **59-3057825** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

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

City & State City & State
23 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKLOM, GEORGE M
263 FRY TERRACE
PT. CHARLOTTE FL 33952**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SKLOM, GEORGE M.	
STREET ADDRESS	263 FRY TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KONTOS, ANDREW	
STREET ADDRESS	409 LONDRINA	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOLAROS, ARTHUR	
STREET ADDRESS	149 CADDY RD	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SKLOM, ELAINE	
STREET ADDRESS	263 FRY TERRACE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KYRIAKOPOULOS	
STREET ADDRESS	122 W. DARTMOUTH DRIVE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VASILAKOS, ELIAS	
STREET ADDRESS	26058 DEEP CREEK BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL	

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		33952
21 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		33983
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		33947
41 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		33952
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Vafeades, George	
53 STREET ADDRESS	4022 Beaver Lane Apt 100-D	
54 CITY-ST-ZIP	Port Charlotte, FL	33952
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Gallas, John	
63 STREET ADDRESS	15550 Burnt Store Rd, #19	
64 CITY-ST-ZIP	Punta Gorda, FL	33955

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)(k), 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: *George M. Sklom President* 2-4-96 941-624-4896
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GEORGE M. SKLOM PRESIDENT 941-629-3888

CFR2E037 (12/95)

ATTACHMENT
CORPORATION ANNUAL REPORT 1996 Docket No. N42499 (6)

Greek Orthodox Church of Charlotte County, Florida, Inc.
24411 Rampart Blvd,, Port Charlotte, FL. 33980

CONTINUATION OF BOX 12 - OFFICERS AND DIRECTORS

Title Director
Name Doukas, Michael
Address 10160 Peach Ave.
City Englewood, FL 34224

Title Vice President/Director
Name Manchester, John
Address 1588 San Marino Ct.
City Punta Gorda, FL 33950

Title Director
Name Moralis, John
Address 4565 Colleen St.
City Port Charlotte, FL 33952

Title Director
Name Sanders, James
Address 3830 St. Kitts Ct.
City Punta Gorda, FL 33950

Title Director
Name Vrinotis, George
Address 241 Buxton Ave.
City Port Charlotte, FL 33952