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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997-29-97		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42499 (6)
1. Corporation Name
GREEK ORTHODOX CHURCH OF CHARLOTTE COUNTY, FLORIDA, INC.



Principal Place of Business 24411 RAMPART BLVD PORT CHARLOTTE FL 33980 US	Mailing Address 24411 RAMPART BLVD PORT CHARLOTTE FL 33980-2702 US
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3. Date Incorporated or Qualified 03/14/1991	3a. Date of Last Report 02/08/1996
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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 59-3057825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <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 type="checkbox"/> DELETE
NAME	VAFADES, GEOGRE
STREET ADDRESS	4022 BEAVER LANE, APT. 100-D
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GALLAS, JOHN
STREET ADDRESS	15550 BURNT STORE ROAD, # 19
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VASILAKOS, ELIAS
1.3 STREET ADDRESS	26058 Deep Creek Blvd
1.4 CITY-ST-ZIP	Punta Gorda, Fla.
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORALIS, JOHN
2.3 STREET ADDRESS	4565 Colleen St.
2.4 CITY-ST-ZIP	Port Charlotte, Fla.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 _____ (941) _____

CR2E037 (9/96)

ATTACHMENT

CORPORATION ANNUAL REPORT 1997 Docket No. N42499 (6)

CONTINUATION OF BOX 12 - OFFICERS & 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 Sanders, James
ADDRESS 3830 St. Kitts Ct.
CITY Punta Gorda, Fl. 33950

TITLE DIRECTOR
NAME Vriniotis, George
ADDRESS 241 Buxton Ave.
CITY Port Charlotte, Fl. 33952

POOR ORIGINAL