

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 # N50307 (0)
1. Corporation Name
ORTHODOX CHRISTIAN COMMUNITY OF THE KEYS, INC.



Principal Place of Business
**34 SNAPPER AVENUE
KEY LARGO FL 33037**

Mailing Address
**34 SNAPPER AVENUE
KEY LARGO FL 33037**

3. Date Incorporated or Qualified
08/05/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0380357

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**KONTOPIRAKIS, EMANUEL J.
34 SNAPPER AVE.
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
ZABIT, NANCY
96000 OVERSEAS HWY.
KEY LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
KONTOPIRAKIS, EMANUEL J
34 SNAPPER AVE
KEY LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
CARR, ANITA
9 MIAMI AVE.
KEY LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
NICHOLS, MELVINDA
P. O. BOX 1955 N/A
KEY LARGO, FL..**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
CALOGRIDIS, JAMES T
96000 OVERSEAS HWY.
KEY LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
TSIPILIS, ANASTASIA
P. O. BOX 1217 N/A
KEY LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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: *Nancy A. Zabit* (NANCY A. ZABIT) 1/29/96-365-852-9847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Chairman - DP

CR2E037 (12/95)