NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90017 037 \*\*\*\*61.25

## **DOCUMENT # N50307**

1. Corporation Name

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ORTHODOX CHRISTIAN COM	IMUNITY OF THE KEYS, INC.
Principal Place of Business	Mailing Address
34 SNAPPER AVENUE KEY LARGO FL 33037	34 SNAPPER AVENUE KEY LARGO FL 33037
	* **
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

3. Date Incorporated or Qualifed 08/05/1992 4. FEI Number Applied For 65-0380357 Not Applicable \$8.75 Additional City & State City & State 5. Certifcate of Status Desired Fee Required 28 Country \$5.00 May Be Zip Country Zip 6. Election Campaign Financing Added to Fees 30 Trust Fund Contribution 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 84 Namo

	[]	- 1	
KONTOPIRAKIS, EMANUEL J. 34 SNAPPER AVE.	82	Street Address (P.O. Box Number is Not Acceptable)	
KEY LARGO FL 33037	83	33	,
,	84	FL 85 Zip Cod	e
	Florida Statutos, the above	are named corporation submits this statement for the purpose of changing its red	istere

	1							
			84	City	FL 85 Zip C			
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 Appropriated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OAMES T. CALDGRID. 1 - Track  (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12		
TITLE /	DV	☐ DELETE	1.1 TITLE	Ī	☐ Change	Addition		
NAME /	KONTOPIRAKIS, EMANUEL J		1.2 NAME		•			
STREET ADDRESS	34 SNAPPER AVE		1.3 STREET	ADDRESS		1		
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-ST	r-ZIP	·			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition !		
NAME I	CARR. ANITA		2.2 NAME					
STREET ADDRESS	9 MIAMI AVE.		2.3 STREET	ADDRESS				
CITY-\$T-ZIP	KEY LARGO FL		2. 4 CITY-S	T-ZIP		٠.		
TITLE		DELETE	.3.1.TITLE		Change	Addition		
NAME	CALOGRIDIS, JAMES T		3.2 NAME					
STREET ADDRESS	96000 OVERSEAS HWY.		3.3 STREET	ADDRESS	•	`		
CITY-ST-ZIP	KEY LARGO FL		3.4. CITY-S	T-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME	TSIPILIS, ANASTASIA		4. 2 NAME					
STREET ADDRESS	P. O. BOX 1217 N/A		4.3 STREET	ADDRESS				
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS		i	5.3 STREET	ADDRESS	e .			
CITY-ST-ZIP			5.4 CITY-S1	r- ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

14. 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 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 section of the corporation or the section of the corporation or the section of the section of the corporation or the section of the section of the corporation or the section of th

SIGNATURE: