

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 1-25-96

B-0283

NC

DOCUMENT # N93000004051 (9)

1. Corporation Name

OUR LORD'S ACADEMY, INC.



Principal Place of Business

Mailing Address

42 W MORGAN ST  
TARPON SPRINGS FL 34689  
US

42 W MORGAN ST  
TARPON SPRINGS FL 34689  
US

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

09/11/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3192649

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOULIANOS, EVELYN  
510 DODECANESE BLVD.  
TARPON SPRINGS FL 34689

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 or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE FD ☐ DELETE  
NAME KOULIANOS, EVELYN  
STREET ADDRESS 42 W. MORGAN ST.  
CITY-STATE-ZIP TARPON SPRINGS FL 34689

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

TITLE SD ☐ DELETE  
NAME REXROAD, ARGENIA  
STREET ADDRESS 42 W. MORGAN ST.  
CITY-STATE-ZIP TARPON SPRINGS FL 34689

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

TITLE VD ☐ DELETE  
NAME KOULIANOS, THEO  
STREET ADDRESS 42 W. MORGAN ST.  
CITY-STATE-ZIP TARPON SPRINGS FL 34689

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

TITLE TD ☐ DELETE  
NAME SKANDALIARIS, KAREN  
STREET ADDRESS 42 W. MORGAN ST.  
CITY-STATE-ZIP TARPON SPRINGS FL 34689

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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:

*Karen Skandalaris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

813-942-57

Daytime Phone

CR2E037 (12/95)