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Apr 18 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N93000004051 (9)**

1. Corporation Name

OUR LORD'S ACADEMY, INC.

Principal Place of Business

42 W MORGAN ST
TARPON SPRINGS FL 34689
US

Mailing Address

42 W MORGAN ST
TARPON SPRINGS FL 34689-3706
US

3. Date Incorporated or Qualified
09/02/1993

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 **Our Lord's Academy Inc**

2a. Mailing Address

27 **1470 EAST LAKE Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **TARPON Springs, FL**

City & State

28 **TARPON Springs, FL**

Zip

24 **34689-3706**

Country

25 **U.S.**

Zip

29 **34689-3706**

Country

30 **US**

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

10. Name and Address of New Registered Agent

**KOULIANOS, EVELYN
510 DODECANESE BLVD.
TARPON SPRINGS FL 34689**

81 Name

KOULIANOS, EVELYN

82 Street Address (P.O. Box Number is Not Acceptable)

1470 EAST LAKE Rd

84 City

Tarpon Springs

FL

85 Zip Code

34689

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **KOULIANOS, EVELYN**
1.3 STREET ADDRESS **1470 EAST LAKE Rd**
1.4 CITY- ST- ZIP **TARPON SPRINGS, FL 34689**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **Rexroad, Argenia**
2.3 STREET ADDRESS **1470 EAST LAKE Rd.**
2.4 CITY- ST- ZIP **TARPON Springs, FL 34689**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Koulianos, Theo**
3.3 STREET ADDRESS **1470 EAST LAKE Rd.**
3.4 CITY- ST- ZIP **TARPON Springs, FL 34689**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **SKANDALIARIS, KAREN**
4.3 STREET ADDRESS **1470 EAST LAKE Rd.**
4.4 CITY- ST- ZIP **TARPON SPRINGS, FL 34689**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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:

KAREN SKANDALIARIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

Date

813-942-5753
Daytime Phone # **0068940**

CR2E037 (9/96)