

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90026 004 ****75.00

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1. Entity Name

ORTHODOX CHRISTIAN CENTER, INC.



Principal Place of Business

2301 SAN JOSE CIRCLE
TAMPA FL 33629

Mailing Address

2301 SAN JOSE CIRCLE
TAMPA FL 33629

20010947



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

2301 So. SAN JOSE CIR

3. Mailing Address

2301 So. SAN JOSE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. FEI Number

59-3223897

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALAMARAS, SAM J
2301 SAN JOSE CIRCLE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/8/05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	KALAMARAS, SAM J	
STREET ADDRESS	2301 SAN JOSE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOUMENDOUROS, IRENE A	
STREET ADDRESS	109 HAMILTON STREET, #110	
CITY-ST-ZIP	NEWARK NJ 07105	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KALAMARAS, HELEN	
STREET ADDRESS	2301 SAN JOSE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PS	<input type="checkbox"/> Delete
NAME	SPILLIS, ANGELA	
STREET ADDRESS	3601 W. EMPEDRADO ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. SAM J. KALAMARAS	
STREET ADDRESS	2301 So. SAN JOSE CIR	
CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLIS, ANGELA	
STREET ADDRESS	3611 ELK RIDGE LANE	
CITY-ST-ZIP	VALRICO, FL. 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Sam J. Kalamaras

2/8/05

813 8376626

Date

Daytime Phone