

# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90148 041 \*\*\*\*70.00

DOCUMENT # **N94000000086**

1. Entity Name  
**ORTHODOX CHRISTIAN CENTER, INC**  
**10THODOX CHRISTIAN MINISTRIES**



**DO NOT WRITE IN THIS SPACE**

**40093834**

2. Principal Place of Business - No P.O. Box #

**2301 SO. SAN JOSE CIR**

Suite, Apt. #, etc.

3. Mailing Address

**2301 SO. SAN JOSE CIR**

Suite, Apt. #, etc.

CR2E037B (5/07)

City & State

**TAMPA, FLA**

City & State

**TAMPA, FL**

4. FEI Number

**59-3223897**

Applied For

Not Applicable

Zip

**33629**

Country

**USA**

Zip

**33629**

Country

**USA**

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **REV. SAM J. KALAMARAS**

Street Address (P.O. Box Number is Not Acceptable)  
**2301 SO. SAN JOSE CIR**

City **TAMPA**

**FL**

Zip Code

**33629**

**DO NOT WRITE  
IN THIS SPACE**

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 **REV. SAM J. KALAMARAS** / *[Signature]*

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

NOTE: Registered Agent signature required when reinstating.

DATE

**4/26/08**

**FEE IS \$61.25**  
**Initial or Amended AR**

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 **PRESIDENT / PASTOR**  
NAME **REV. SAM J. KALAMARAS**  
STREET ADDRESS **2301 SO. SAN JOSE CIR**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **V.P.**  
NAME **HELEN KALAMARAS**  
STREET ADDRESS **2301 SO. SAN JOSE CIR**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **SEC/TREAS.**  
NAME **ANGELA SPILLIS**  
STREET ADDRESS **3611 ELK RIDGE LANE**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **PASTOR / B**  
NAME **THEO KOULIANDOS**  
STREET ADDRESS **TARPON SPRINGS, FL**  
CITY-ST-ZIP

TITLE **B**  
NAME **IRENE KOUMENDOUROS**  
STREET ADDRESS **N.Y., N.Y.**  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rev. Sam J. Kalamaras** / *[Signature]*

**813/8376626**

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ATTACHMENT

40093834  
#N94000000086**Consumer's Certificate of Exemption**

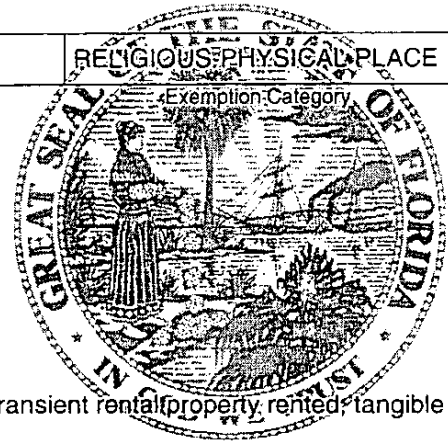
Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/02  
04/16/05

85-8012567818C-5	09/01/2004	09/30/2009	RELIGIOUS/PHYSICAL PLACE
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ORTHODOX CHRISTIAN CENTER INC  
2301 S SAN JOSE CIR  
TAMPA FL 33629-6439



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

**Important Information for Exempt Organizations**DR-14  
R. 01/02

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.039, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is 5050 West Tennessee Street, Tallahassee, FL 32399-0100.