FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005476 (6)**

1. Corporation Name

BROTHERHOOD OF THE APOSTOLIC CHURCH OF THE TRUE ORTHODOX CHRISTIANS OF GREECE AND ABROAD, INC.

Principal Place of Business	Mailing Address
3555 GLOSSY IBIS CT. PALM HARBOR FL 34683	3555 GLOSSY IBIS CT. PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:
4. FEI Number: 59-3284942 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1601 Keene Road	26 1601 Keene Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip 24 34616 / Country 25 Pinellas	Zip 29 34616 / Country 30 Pinellas

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAHAROPOULOS, KALLINIKOS S
3555 GLOSSY IBIS CT.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Zacharopoulos, Kallinikos S.
82 Street Address (P.O. Box Number is Not Acceptable): 1601 Keene Road
83: Clearwater,
84 City: FL 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kallinikos Zaharopoulos DATE:
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	ZAHAROPOULOS, KALLINIKOS S	12 NAME	Zacharopoulos, Kallinikos S.
STREET ADDRESS	3555 GLOSSY IBIS CT.	13 STREET ADDRESS	1601 Keene Road
CITY-ST-ZIP	PALM HARBOR FL 34683	14 CITY-ST-ZIP	Clearwater, FL 34616
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	DASKALOPOULOS, GEORGE	22 NAME	
STREET ADDRESS	19 HARBOR OAKS CIR.	23 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LAMBROS, HARRY	32 NAME	
STREET ADDRESS	3705 36TH AVE. W.	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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: Kallinikos Zaharopoulos 3/22
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

000118