

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

1601 KEENE ROAD
CLEARWATER FL 34616
US

1601 KEENE ROAD
CLEARWATER FL 34616
US

3. Date Incorporated or Qualified
11/02/1994

3a. Date of Last Report
03/28/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACHAROPOULOS, KALLINIKOS S.
1601 KEENE ROAD
CLEARWATER FL 34616

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ZACHAROPOULOS, KALLINIKOS S
STREET ADDRESS 1601 KEENE ROAD
CITY-ST-ZIP CLEARWATER FL 34616

TITLE PD ☐ DELETE

NAME DASKALOPOULOS, GEORGE
STREET ADDRESS 19 HARBOR OAKS CIR.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE TO ☐ DELETE

NAME LAMBROS, HARRY
STREET ADDRESS 3705 36TH AVE. W.
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Kallinikos Zacharopoulos ☐ Change ☐ Addition

1.2 NAME

1601 Keene Road
Clearwater, FL 34616

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President

2.1 TITLE

Ekaterini Tsoukanara ☐ Change ☐ Addition

2.2 NAME

1601 Keene Road
Clearwater, FL 34616

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Secretary

3.1 TITLE

Vasilios Katsoulis ☐ Change ☐ Addition

3.2 NAME

1601 Keene Road
Clearwater, FL 34616

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Vice President

4.1 TITLE

Dimitris Hararis ☐ Change ☐ Addition

4.2 NAME

13473 Croft Drive N.
Largo, FL 34644

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Treasurer

5.1 TITLE

Theaharis Tsoukanaras ☐ Change ☐ Addition

5.2 NAME

1601 Keene Road
Clearwater, FL 34616

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Chairman of Board

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)