

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90077 034 ****70.00

0072490

DOCUMENT # N98000002798

1. Corporation Name

**SAINT PANTELEIMON ORTHODOX MISSIONARY CLINIC, IN
C.**

Principal Place of Business

**443 PENT STREET
TARPON SPRINGS FL 34689**

Mailing Address

**443 PENT STREET
TARPON SPRINGS FL 34689**

174697-90077-34



2. Principal Place of Business

21 1730 S. PINELLAS AVE.

2a. Mailing Address

26 1730 S. PINELLAS AVE.

3. Date Incorporated or Qualified

05/13/1998

Suite, Apt. #, etc.

22 SUITE G-400

Suite, Apt. #, etc.

27 SUITE G-400

4. FEI Number

59-351648

☒ Applied For

☐ Not Applicable

City & State

23 TARPON SPRINGS, FL

City & State

28 TARPON SPRINGS, FL

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip Country

24 34689

Country

Zip Country

29 34689

30

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BILIRAKIS, GUS M
4538 BARTELT ROAD
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

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

Gus M. Bilirakis, Director, Registered Agent

2-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **PAPADAKOS, ZOE JOANNA**
STREET ADDRESS **443 PENT SREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VP** ☐ DELETE
NAME **GROSSER, LESA LYLES M**
STREET ADDRESS **4909 MIRAGE AVENUE**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **ST** ☐ DELETE
NAME **PARKER, BETSY C**
STREET ADDRESS **2225 SOUTH LAGOON**
CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE **D** ☐ DELETE
NAME **BILIRAKIS, GUS M**
STREET ADDRESS **4538 BARTELT ROAD**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☒ DELETE
NAME **BILLIRIS, GEORGE**
STREET ADDRESS **2323 CURLEW ROAD, SUITE 6C**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ DELETE
NAME **FAKLIS, VASILIE**
STREET ADDRESS **139 TARPON AVENUE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Gus M. Bilirakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

Date

(727) 381-3159

Daytime Phone #

CR2E037 (1/98)