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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P23188** **(6)**

1. Corporation Name

HELLENIC ORTHODOX TRADITIONALIST CHURCH OF AMERI CA INC.

Principal Place of Business	Mailing Address
1910 DOUGLAS AVENUE CLEARWATER FL 34615	1910 DOUGLAS AVENUE CLEARWATER FL 34615-1411

3. Date Incorporated or Qualified: **02/28/1989**
3a. Date of Last Report: **02/26/1996**

21 2. Principal Place of Business
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

26 2a. Mailing Address
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: **11-2439739** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HATZILERIS, FATHER KOMNINOS
19-10 DOUGLAS AVENUE
CLEARWATER FL 34615

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 (Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KALANTIS, NICODEMUS		1.2 NAME	
STREET ADDRESS	22-68 26TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTORIA NY		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STRATIGEAS, PAUL		2.2 NAME	
STREET ADDRESS	22-68 26TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ASTORIA NY		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SOCRATES, NECTARIOS		3.2 NAME	
STREET ADDRESS	22-68 26TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ASTORIA NY		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HATZILERIS, KOMNINOS		4.2 NAME	
STREET ADDRESS	1910 DOUBLAS AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 added by attachment with an address.

SIGNATURE: [signature] HATZILERIS KOMNINOS DIRECTOR 03-05-97 (813) 443-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066759