

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23188** (6)
1. Corporation Name
**HELLENIC ORTHODOX TRADITIONALIST CHURCH OF AMERI
CA INC.**

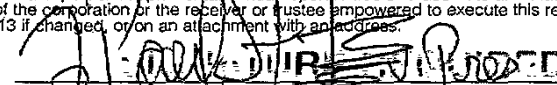


Principal Place of Business 19-10 DOUGLAS AVENUE CLEARWATER FL 34615		Mailing Address 19-10 DOUGLAS AVENUE CLEARWATER FL 34615	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent HATZILERIS, FATHER KOMNINOS 19-10 DOUGLAS AVENUE CLEARWATER FL 34615		3. Date Incorporated or Qualified 02/28/1989	
		4. FEI Number 11-2439739	
		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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstalling)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	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	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	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		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

01-18-98

Date

Daytime Phone # 0052496

CR2E037 (10/97)