2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# P23188

Entity Name: HELLENIC ORTHODOX TRADITIONALIST CHURCH OF AMERICA INC.

Current Principal Place of Business:

1910 DOUGLAS AVENUE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1910 DOUGLAS AVENUE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 11-2439739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOTZAKIS, NIKOLAOS
1503 PUTNAM CT.
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	SEVASTOS, STILIANOS	
Address:	2924 SUMMERVILE DR.	
City-St-Zip:	HOLIDAY, FL 33461	
Title:	VP	( ) Delete
Name:	GREGORY, ANDREW	
Address:	1290 AMBERLEA DR. EAST	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	SEC	( ) Delete
Name:	VARITIMIDIS, THEO	
Address:	951 WELLINGTON CT.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	TRES	( ) Delete
Name:	VOTZAKIS, NIKOLAOS	
Address:	1503 PUTNAM CT.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	( ) Delete
Name:	MAVRAKAKOS, STEVE	
Address:	3053 CASCADE DR.	
City-St-Zip:	CLEARWATER., FL 33761	
Title:	D	( ) Delete
Name:	REVEL, PETER	
Address:	4349 WATERFORD LANDINGS DR.	
City-St-Zip:	LUTZ, FL 33558	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VOTZAKIS NIKOLAOS TRES 04/26/2009

Electronic Signature of Signing Officer or Director — Date