| Officer/Director Detail : |                      |                 |                         |
|---------------------------|----------------------|-----------------|-------------------------|
| Title                     | D                    | Title           | D                       |
| Name                      | APOSTLE, GEORGE      | Name            | MOHAMED, JAMES          |
| Address                   | 3610 SUMMIT BLVD     | Address         | 2519 TURKEY CREEK DRIVE |
| City-State-Zip:           | PENSACOLA FL 32503   | City-State-Zip: | NAVARRE FL 32566        |
|                           | 5                    | Title           | DIRECTOR                |
| Title                     | D                    | The             | DIRECTOR                |
| Name                      | TRINGAS, GARY J      | Name            | BRESSACK, HENRY         |
| Address                   | 1273 GREENVIEW LANE  | Address         | 6815 CEDAR RIDGE CIRCLE |
| City-State-Zip:           | GULF BREEZE FL 32563 | City-State-Zip: | MILTON FL 32570         |
|                           |                      |                 |                         |
| Title                     | D                    |                 |                         |
| Name                      | STAMITOLES, MICHAEL  |                 |                         |

1720 WEST GARDEN STREET PENSACOLA, FL 32502

## **Current Mailing Address:**

**1720 WEST GARDEN STREET** PENSACOLA, FL 32502

### Name and Address of Current Registered Agent:

2830 INVERNESS COURT

City-State-Zip: PENSACOLA FL 32503

1273 GREENVIEW LANE GULF BREEZE, FL 32563 US

## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 702927**

Entity Name: GREEK ORTHODOX CHURCH OF THE ANNUNCIATION OF PENSACOLA, FLORIDA, INC.

### **Current Principal Place of Business:**

FEI Number: 59-1085793

TRINGAS, GARY J

FILED Jan 26, 2015 Secretary of State CC6138442767

Certificate of Status Desired: Yes

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:

Address

Electronic Signature of Registered Agent

# Officer/Director Detail ·

I hereby 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 all other like empowered.

# SIGNATURE: GARY TRINGAS

TREASURER

01/26/2015

Date

Electronic Signature of Signing Officer/Director Detail

Date