

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702927

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

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**9990872648CC**

**Current Principal Place of Business:**

1720 WEST GARDEN STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

1720 WEST GARDEN STREET  
PENSACOLA, FL 32502

**FEI Number: 59-1085793**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TRINGAS, GARY J  
1273 GREENVIEW LANE  
GULF BREEZE, FL 32563 US

*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: GARY J. TRINGAS**

**04/09/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROUMBOS, PETER  
Address        4680 BOHEMIA DR.  
City-State-Zip: PENSACOLA FL 32504

Title            TREASURER  
Name            TRINGAS, GARY J  
Address        1273 GREENVIEW LANE  
City-State-Zip: GULF BREEZE FL 32563

Title            D  
Name            WATSON, LEE A.  
Address        6075 ST. ALBAN ST.  
City-State-Zip: PENSACOLA FL 32503

Title            ASST. TREASURER  
Name            WHITE, LEO WILSON  
Address        2417 ATWOOD DR.  
City-State-Zip: PENSACOLA FL 32514

Title            VP  
Name            BROWN, GILES J  
Address        510 BUNKER HILL DRIVE  
City-State-Zip: PENSACOLA FL 32506

*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 J. TRINGAS**

**TREASURER**

**04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date