

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02072

**Entity Name:** GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC.

**Current Principal Place of Business:**

129 NORTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118-4250

**Current Mailing Address:**

129 NORTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118-4250

**FEI Number:** 59-2368661

**Certificate of Status Desired:** Yes

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

KOLIOPULOS, GARY  
319 FORDHAM DRIVE  
DAYTONA BEACH, FL 32118 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 KOLIOPULOS

04/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           MORAITES, DAWN  
Address        P. O. BOX 1587  
City-State-Zip: ORMOND BEACH FL 32175

Title           AT, DIRECTOR  
Name           KOLIOPULOS, GARY  
Address        319 FORDHAM DR.  
City-State-Zip: DAYTONA BEACH FL 32118

Title           SECRETARY, DIRECTOR  
Name           LASKOS, NANCY  
Address        21 KANNAPOLIS  
City-State-Zip: PALM COAST FL 32164

Title           ASST. TREASURER, DIRECTOR  
Name           KOUTOUZIS, IRENE  
Address        2500 NORTH HALIFAX  
City-State-Zip: DAYTONA BEACH FL 32118

Title           VP, DIRECTOR  
Name           MAHAIRAS, DEMETRIOS  
Address        48 HERNANDEZ AVENUE  
City-State-Zip: DAYTONA BEACH FL 32124

Title           VP, DIRECTOR  
Name           LOUIZES, JOHN  
Address        205 MABLEBERRY CT.  
City-State-Zip: DAYTONA BEACH FL 32124

Title           PRESIDENT, DIRECTOR  
Name           KARAMITOS, GEORGE  
Address        9 QUEENSGATE COURT  
City-State-Zip: ORMOND BEACH FL 32174

*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 KOLIOPULOS

ASSISTANT TREASURER   04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date