2024 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 21, 2024
Secretary of State
9522755983CC

DOCUMENT# P23188

Entity Name: HELLENIC ORTHODOX TRADITIONALIST CHURCH OF AMERICA INC.

Current Principal Place of Business:

1910 DOUGLAS AVENUE
CLEARWATER, FL 33755

Current Mailing Address:

1910 DOUGLAS AVENUE
CLEARWATER, FL 33755

FEI Number: 11-2439739

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	VOTZAKIS, NIKOLAOS
Address	1503 PUTNAM CT.
City-State-Zip:	DUNEDIN FL 34698

Title	DIRECTOR
Name	KASTRINOS, TONY
Address	505 SUMMERWOOD CT
City-State-Zip:	TARPON SPRINGS FL 34689

Title	2ND VP
Name	DIMITRELOS, IOANNIS
Address	1910 DOUGLAS AVE APT # A
City-State-Zip:	CLEARWATER FL 33755

Title	DIRECTOR
Name	THEODOSIOU, EMMANUEL
Address	3918 HEADSAIL DR
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	DICKSON, DESPINA
Address	1503 PUTNAM CT
City-State-Zip:	DUNEDIN FL 34698

Title	DIRECTOR
Name	THEODOROPOULOS, PETER
Address	505 ZODIAC AVE.
City-State-Zip:	HOLIDAY FL 34690

Title	2ND TREASURER
Name	GIANNAKOPOULOS, ELENI
Address	5434 BRADDOCK DR
City-State-Zip:	ZEPHYRHILL FL 33541

Title	DIRECTOR
Name	KOTIS, THOMAS
Address	1465 MILLSTREAM LANE APT# 205
City-State-Zip:	DUNEDIN FL 34698

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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: NIKOLAOS VOTZAKIS REGISTERED AGENT 08/21/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ANDRIAKENA, FANI
Address	605 E HARRISON ST APT # C
City-State-Zip:	TARPON SPRINGS FL 34689

Title	PD
Name	NIKOLOPOULOS , KOSTANTINOS
Address	2387 ASHMORE DR
City-State-Zip:	CLEARWATER FL 33763

Title	DIRECTOR
Name	DICKSON, SAMUEL
Address	1503 PUTNAM CT
City-State-Zip:	DUNEDIN FL 34698