

**2024 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

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

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

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

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

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

08/22/2024

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 DIRECTOR
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

Title PRESIDENT
Name NIKOLOPOULOS, NIKOLAOS
PATAPIOS
Address 2387 ASHMORE DR
City-State-Zip: CLEARWATER FL 33763