

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # N30728 (2)
1. Corporation Name
RETIRED GREEK ORTHODOX CLERGY OF AMERICA, INC.

50 MAY 11 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**REV GEO GALLOS
1738 SEAFAIR DRIVE
ST. AUGUSTINE FL 32084**

Mailing Address
**REV GEO GALLOS
1738 SEAFAIR DRIVE
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/16/1989	3a. Date of Last Report 03/08/1994
4. FEI Number 65-0124250	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

**GALLOS, GEORGE
1738 SEA FAIR DRIVE
ST. AUGUSTINE BEACH FL 32084**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(If printed, typed or printed name of registered agent and title is acceptable)

(If printed, typed or printed name of registered agent and title is acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REV. WILLIAM G. GAINES
STREET ADDRESS	4712 MARSEILLE PLACE
CITY, ST, ZIP	METairie LA 70002
TITLE	TD
NAME	GALLOS, GEORGE
STREET ADDRESS	1738 SEA FAIR DRIVE
CITY, ST, ZIP	ST. AUGUSTINE BEACH FL 32084
TITLE	VD
NAME	BOUYOUCAS, EMMANUEL
STREET ADDRESS	1885 ABBEY RD.
CITY, ST, ZIP	W. PALM BEACH FL
TITLE	V
NAME	MEKRAS, DEMOSTHENES
STREET ADDRESS	135 SW 22ND RD.
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	PAPADEAS, GEORGE
STREET ADDRESS	917 VALENCIA DR.
CITY, ST, ZIP	S.DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rev. Geo. P. Gallos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/95

904 471-6967