

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N30728 1. Entity Name RETIRED GREEK ORTHODOX CLERGY OF AMERICA, INC.					
Principal Place of Business 6799 BISMARK RD SUITE I COLORADO SPRINGS CO 80922 US			Mailing Address 6799 BISMARK RD SUITE I COLORADO SPRINGS CO 80922 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILEMON PAYIATIS 1480 SHERIDAN ST. APT. B16 HOLLYWOOD FL 32084			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P CONSTANTINIDES, EVAGORAS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	9433 ARTHUR ST.		NAME		
STREET ADDRESS	CROWN POINT IN 46307		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP GANIES, WILLIAM G ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	4712 MARSEILLES PLACE		NAME		
STREET ADDRESS	METAIRIE LA 70002		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S ADAMS, JAMES ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	59 SAN MIGUEL WAY		NAME		
STREET ADDRESS	NOVATO CA 94945		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T RAPTIS, CONSTANTINE ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	4651 CANNA DR.		NAME		
STREET ADDRESS	LAS VEGAS NV 89122		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PAYIATIS, PHIL ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	1480 SHERIDAN ST APT. B16		NAME		
STREET ADDRESS	HOLLYWOOD FL 33020		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PAPADEAS, GEOGRE ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	917 VALENCIA DR.		NAME		
STREET ADDRESS	DAYTONA BEACH FL 32019		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILEMON PAYIATIS
1480 SHERIDAN ST.
APT. B16
HOLLYWOOD FL 32084**

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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U00000054555
02/17/04-80001-008 61.25

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **Rev. Ev. CONSTANTINIDES** *February 11, 2004* *219 663-2276*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #