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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N30728 (2)

1. Corporation Name

RETIRED GREEK ORTHODOX CLERGY OF AMERICA, INC.



Principal Place of Business

1480 SHERIDAN ST.  
APT. B16  
HOLLYWOOD FL 32084  
US

Mailing Address

1480 SHERIDAN ST.  
APT. B16  
HOLLYWOOD FL 33020-2295  
US

3. Date Incorporated or Qualified  
02/16/1989

3a. Date of Last Report  
06/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME REV. WILLIAM G. GAINES  
STREET ADDRESS 4712 MARSEILLE PLACE  
CITY-ST-ZIP METAIRIE LA 70002

PRESIDENT

TITLE T ☐ DELETE  
NAME PHILEMON PAYIATIS  
STREET ADDRESS 1480 SHERIDAN ST., APT. B16  
CITY-ST-ZIP HOLLYWOOD FL

Treasurer

TITLE VD ☒ DELETE  
NAME BOUYOUCAS, EMMANUEL  
STREET ADDRESS 1885 ABBEY RD.  
CITY-ST-ZIP W. PALM BEACH FL

TITLE V ☐ DELETE  
NAME MEKRAS, DEMOSTHENES  
STREET ADDRESS 135 SW 22ND RD.  
CITY-ST-ZIP MIAMI FL

Vice President

TITLE S ☐ DELETE  
NAME PAPADEAS, GEORGE  
STREET ADDRESS 917 VALENCIA DR.  
CITY-ST-ZIP S. DAYTONA BEACH FL

Secretary

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 PHILEMON PAYIATIS

CR2E037 (9/96)