

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30728 (2)**

1. Corporation Name  
**RETIRED GREEK ORTHODOX CLERGY OF AMERICA, INC.**

Principal Place of Business <b>1480 SHERIDAN ST. APT. B16 HOLLYWOOD FL 32084 US</b>	Mailing Address <b>1480 SHERIDAN ST. APT. B16 HOLLYWOOD FL 32084 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>02/16/1989</b>	4. FEI Number <b>65-0124250</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**PHILEMON PAYIATIS  
1480 SHERIDAN ST.  
APT. B16  
HOLLYWOOD 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
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>REV. WILLIAM G. GAINES</b> <i>President</i>
STREET ADDRESS	<b>4712 MARSEILLE PLACE</b>
CITY-ST-ZIP	<b>METairie LA 70002</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>PHILEMON PAYIATIS</b> <i>Treasurer</i>
STREET ADDRESS	<b>1480 SHERIDAN ST., APT. B16</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MEKRAS, DEMOSTHENES</b> <i>V. President</i>
STREET ADDRESS	<b>135 SW 22ND RD.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>PAPADEAS, GEORGE</b> <i>Secretary</i>
STREET ADDRESS	<b>917 VALENCIA DR.</b>
CITY-ST-ZIP	<b>S.DAYTONA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DIRECTOR</b>
1.3 STREET ADDRESS	<b>Rev. William G. Gaines</b>
1.4 CITY-ST-ZIP	<b>4712 MARSEILLE PLACE</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DIRECTOR</b>
2.3 STREET ADDRESS	<b>MEKRAS DEMOSTHENES</b>
2.4 CITY-ST-ZIP	<b>135 SW 22nd Rd.</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DIRECTOR</b>
3.3 STREET ADDRESS	<b>PAPADEAS GEORGE</b>
3.4 CITY-ST-ZIP	<b>917 VALENCIA DR</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S. DAYTONA BEACH FLA</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with address.

SIGNATURE: *Philemon Payiatis* **TREASURER PHILEMON PAYIATIS 12/1/98 954-9201435**

CR2E037 (10/97)