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Secretary of State

02-24-1999 90121 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30728

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 32084
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b Suite, Apt. #, etc.		02/16/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0124250	
24 Country		29 Country		5. Certificate of Status Desired ☐	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐	
				\$5.00 May Be Added to Fees	

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 City	
84 State	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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	REV. WILLIAM G. GAINES	1.2 NAME	Rev. William G. Gaines
STREET ADDRESS	4712 MARSEILLE PLACE	1.3 STREET ADDRESS	4712 MARSEILLE PLACE
CITY-ST-ZIP	METairie LA 70002	1.4 CITY-ST-ZIP	METairie LA 70002
TITLE	T	2.1 TITLE	TREASURER
NAME	PHILEMON PAYIATIS	2.2 NAME	PHIL PAYIATIS
STREET ADDRESS	1480 SHERIDAN ST., APT. B16	2.3 STREET ADDRESS	1480 SHERIDAN ST. APT B16
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Hollywood FL 33020
TITLE	VPD	3.1 TITLE	VPD
NAME	MEKRAS, DEMOSTHENES	3.2 NAME	MEKRAS, DEMOSTHENES
STREET ADDRESS	135 SW 22ND RD.	3.3 STREET ADDRESS	153 SW 22nd Rd.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	SD	4.1 TITLE	SECRETARY
NAME	PAPADEAS, GEORGE	4.2 NAME	PAPADEAS GEORGE
STREET ADDRESS	917 VALENCIA DR.	4.3 STREET ADDRESS	917 VALENCIA DR.
CITY-ST-ZIP	S. DAYTONA BEACH FL	4.4 CITY-ST-ZIP	S. DAYTONA BEACH FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

DATE

Daytime Phone #

CR2E037 (11/98)

March 17 1999 954-9201435