FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:10

DOCUMENT # **721484** **(4)**

1. Corporation Name

PAN-HCARIAN BROTHERHOOD OF AMERICA HELIOS CHAPTE R 19, INC.

Principal Place of Business	Mailing Address
1476 PINEHURST RD. DUNEDIN FL 34698-3838	1476 PINEHURST RD. DUNEDIN FL 34698-3838

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1971
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2731703 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PETCHAKOS, EMANUAL
1476 PINEHURST RD.
DUNEDIN FL 33528

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	11 TITLE	P D	☒ Change ☐ Addition
NAME	PETCHAKOS EMANUEL	12 NAME	WILLIAM S. PORTELLOS	
STREET ADDRESS	209 GRAHAM DR	13 STREET ADDRESS	220 OSPREY LANE	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VP D	21 TITLE	VP D	☒ Change ☐ Addition
NAME	STEFANADIS GUS	22 NAME	SONJA STEFANADIS	
STREET ADDRESS	450 PALM ISLAND SE	23 STREET ADDRESS	150 PALM ISLAND SE	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER, FL 34630	
TITLE	S D	31 TITLE	S D	☐ Change ☐ Addition
NAME	POUMARIS, LEMONIA	32 NAME		
STREET ADDRESS	1600 ELMWOOD ST	33 STREET ADDRESS	SAME	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	VP D	41 TITLE	VP D	☒ Change ☐ Addition
NAME	PORELLOS WILLIAM S	42 NAME	PERRY G. KRATSAS	
STREET ADDRESS	220 OSPREY LANE	43 STREET ADDRESS	915 HILLCREST AVE. S.	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	CLEARWATER, FL 34616	
TITLE	T D	51 TITLE	T D	☐ Change ☐ Addition
NAME	MILONAS, ANN N	52 NAME		
STREET ADDRESS	2871 SABAL SPRINGS CIRCLE A 201	53 STREET ADDRESS	SAME	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	RESIGNED DOC MAY 1	
TITLE	D	61 TITLE	D	☐ Change ☐ Addition
NAME	ACHIDAFTY, NICK	62 NAME		
STREET ADDRESS	1639 BELLROSE DR	63 STREET ADDRESS	SAME	
CITY-ST-ZIP	CLEARWATER FL	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(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: William S. Portellos 4/27/95 813-784-8377
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM S. PORTELLOS, PRESIDENT

0006670