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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

PANHCARIAN 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

3. Date Incorporated or Qualified: 08/09/1971
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: NOT APPLICABLE ☐ 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

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 **34698**

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 _____ 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	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	PORTELLOS, WILLIAM S		1.2 NAME	STEFANADIS, Sonja	
STREET ADDRESS	220 OSPREY LANE		1.3 STREET ADDRESS	460 Palm Island SE	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	Clearwater, FL 34630	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KANTOUNIS, JOHN		2.2 NAME		
STREET ADDRESS	2583 COUNTRYSIDE BLD, #3112		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	POUMAKIS, LEMONIA		3.2 NAME	Argentina Johns	
STREET ADDRESS	1600 ELMWOOD ST		3.3 STREET ADDRESS	2384 Tahitian Lane #50	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, FL 34623	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRATSAS, PERRY G		4.2 NAME		
STREET ADDRESS	915 HILLCREST AVE. S		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	BEADLE, ANNE		5.2 NAME	Kathryn M. Athanasiadis	
STREET ADDRESS	3703 KINGSBURY DR		5.3 STREET ADDRESS	3519 Brompton Drive	
CITY-ST-ZIP	HOLIDAY FL		5.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ACHIDAFTY, NICK		6.2 NAME		
STREET ADDRESS	1639 BELLROSE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Sonja Stefanadis Sonja Stefanadis, President 4-20-97 (813) 447-2715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069365