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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEFANADIS, SONJA		1.2 NAME		
STREET ADDRESS	460 PALM ISLAND S.E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		1.4 CITY-ST-ZIP		
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 33761		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARGENTINA, JOHNS		3.2 NAME		
STREET ADDRESS	2384 TAHITIAN LANE, #50		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33763		3.4 CITY-ST-ZIP		
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 33756		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ATHANASIADIS, KATHRYN M.		5.2 NAME		
STREET ADDRESS	3519 BROMPTON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34691		5.4 CITY-ST-ZIP		
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 33756		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Sonja Stefanadis Sonja Stefanadis President 1-19-98 (813)447-2715