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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721484

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/09/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

NOT APPLICABLE

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETCHAKOS, EMANUAL

1476 PINEHURST RD.

DUNEDIN FL 34698 34698

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

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P 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 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VPD 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 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **S 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 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **VPD 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 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **T 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 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D ACHIDAFY, NICK**

6.2 NAME

STREET ADDRESS **1639 BELLROSE DR**

6.3 STREET ADDRESS

CITY-ST-ZIP **CLEARWATER FL 33756**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 (721)4472715

CR2E037 (11/98)