

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 JAN 30 AM 9:34

DOCUMENT # **744337** (7)
1. Corporation Name
HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1446 BRIGHTWELL DRIVE **1446 BRIGHTWELL DRIVE**
POBV 3692 **POBV 3692**
HOLIDAY FL 34690-5715 **HOLIDAY FL 34690-5715**

3. Date Incorporated or Qualified **09/21/1978** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-1848551** 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. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
RODIS, MARY
1446 BRIGHTWELL DRIVE
HOLIDAY FL 33590

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGIADES, BETTY <i>GEORGIADES, B.</i>	1.2 NAME	MAYROS, HELEN
STREET ADDRESS	1149 ROYAL WOOD DR	1.3 STREET ADDRESS	3534 JACKSON DRIVE
CITY-ST-ZIP	HOLIDAY FL 34690	1.4 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	P	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELTS, JIMMY	2.2 NAME	HUNT, HELEN
STREET ADDRESS	9850 LAKEVIEW DRIVE	2.3 STREET ADDRESS	3951 GLISSADE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 00000 34654	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D R	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTIRIOS, SAM <i>SOTIRIOS, SAM</i>	3.2 NAME	VLAHOS, JOHN
STREET ADDRESS	4632 KOOLE DR <i>KOALA DRIVE</i>	3.3 STREET ADDRESS	1004 ANCLOTE DRIVE
CITY-ST-ZIP	HOLIDAY, FL 00000 34690	3.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCORIS, MARY	4.2 NAME	
STREET ADDRESS	3530 CHESWICK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIADES, LEE	5.2 NAME	
STREET ADDRESS	1146 BRIGHTWELL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000 34690	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODIS, MARY	6.2 NAME	
STREET ADDRESS	1446 BRIGHTWELL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000 34690	6.4 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 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Jimmy L. Melts* **JIMMY L. MELTS** 1/24/95 813-868-3044
Date Daytime (Area 9)