

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 744337 (7)  
1. Corporation Name  
HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.Principal Place of Business  
1446 BRIGHTWELL DRIVE  
POBV 3692  
HOLIDAY FL 34690-5715  
Mailing Address  
1446 BRIGHTWELL DRIVE  
POBV 3692  
HOLIDAY FL 34690-57153. Date Incorporated or Qualified 09/21/1978  
3a. Date of Last Report 03/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1848551	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

RODIS, MARY  
1446 BRIGHTWELL DRIVE  
HOLIDAY FL 33590

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	GEORGIADIS, BETTY	1.2 NAME	MAYROS, HELEN
STREET ADDRESS	1149 ROYAL WOOD DR	1.3 STREET ADDRESS	3534 JACKSON DRIVE
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	P	2.1 TITLE	D
NAME	MELTS, JIMMY	2.2 NAME	HUNT, HELEN
STREET ADDRESS	9856 LAKEVIEW DRIVE	2.3 STREET ADDRESS	14046 FORE COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 00000	2.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	T	3.1 TITLE	D
NAME	POTARIS, OLYMPIA	3.2 NAME	VLAHOS, JOHN
STREET ADDRESS	6619 SPRING FLOWER DRIVE, UNIT #11	3.3 STREET ADDRESS	1004 ANGLATE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34853	3.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	S	4.1 TITLE	
NAME	COCORIS, MARY	4.2 NAME	
STREET ADDRESS	3530 CHESWICK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GEORGIADIS, LEE	5.2 NAME	
STREET ADDRESS	1146 BRIGHTWELL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	RODIS, MARY	6.2 NAME	
STREET ADDRESS	1446 BRIGHTWELL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000	6.4 CITY-ST-ZIP	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0089122

CR2E037 (9/96)