

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744337 (7)
1. Corporation Name
HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.



Principal Place of Business 3530 CHESWICK DRIVE 1446 BRIGHTWELL DRIVE POBV 3692 HOLIDAY FL 34690-5715	Mailing Address 1446 BRIGHTWELL DRIVE POBV 3692 HOLIDAY FL 34690-5715
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3. Date Incorporated or Qualified 09/21/1978	
4. FEI Number 59-1848551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3530 CHESWICK DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 3692 Suite, Apt. #, etc.
22 City & State 23 HOLIDAY, FL	27 City & State 28 HOLIDAY, FL
24 Zip 34691	25 Country FL
29 Zip 34690	30 Country

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 MARY L. COCORIS 82 Street Address (P.O. Box Number is Not Acceptable) 3530 CHESWICK DRIVE 83 84 City HOLIDAY FL 85 Zip Code 34691
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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 Mary L. Cocoris DATE 3/14/98
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 NAME STREET ADDRESS CITY-ST-ZIP	XP MAYROS, HELEN 3534 JACKSON DR HOLIDAY FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. VP HUNT, HELEN 14046 FORE CT HUDSON FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POTARIS, OLYMPIA 6819 SPRING FLOWER DRIVE, UNIT #11 NEW PORT RICHEY FL 34653	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COCORIS, MARY 3530 CHESWICK DRIVE HOLIDAY FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGIADES, LEE 1146 BRIGHTWELL DR HOLIDAY, FL 00000	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODIS, MARY 1446 BRIGHTWELL DRIVE HOLIDAY, FL 00000	<input checked="" type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D MELTS, JIMMY 9856 LAKEVIEW DRIVE NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D VLAKOS, JOHN 1004 ANCLOTE DRIVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P MAYROS, HELEN 3534 JACKSON DRIVE HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP HUNT, HELEN 14046 FORE COURT HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary L. Cocoris, Secy. March 14, 1998

CR2E037 (10/97)