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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 744337

1. Corporation Name  
**HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.**

Principal Place of Business	Mailing Address
3530 CHESWICK DR POBV 3692 HOLIDAY FL 34691 US	P O BOX 3692 POBV 3692 HOLIDAY FL 34690 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/21/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1848551
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COCORIS, MARY L 3530 CHESWICK DR HOLIDAY FL 34691	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	D <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELTS, JIMMY	1.2 NAME	POTARIS, OLYMPIA
STREET ADDRESS	9856 LAKEVIEW DR	1.3 STREET ADDRESS	6619 SPRING-FLOWER DRIVE, UNIT #11
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLAHOS, JOHN	2.2 NAME	MARY L. COCORIS
STREET ADDRESS	1004 ANCLOTE DR	2.3 STREET ADDRESS	3530 CHESWICK DRIVE
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYROS, HELEN	3.2 NAME	
STREET ADDRESS	3534 JACKSON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, HELEN	4.2 NAME	
STREET ADDRESS	14046 FORE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mary Cocoris* **SIGNATURE REQUIRED** 2/23/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)