


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90102 030 ****61.25

DOCUMENT # 744337			
1. Entity Name HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.			
Principal Place of Business 3530 CHESWICK DR POBV 3692 HOLIDAY FL 34691 US		Mailing Address P O BOX 3692 POBV 3692 HOLIDAY FL 34690 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

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. Name and Address of Current Registered Agent COCORIS, MARY L 3530 CHESWICK DR HOLIDAY FL 34691		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MELTS, JIMMY STREET ADDRESS: 9856 LAKEVIEW DR CITY-ST-ZIP: NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete		TITLE: P NAME: ELIADES, ANDRIANA STREET ADDRESS: 1826 RISING SUN DRIVE CITY-ST-ZIP: HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: COCORIS, MARY L STREET ADDRESS: 3530 CHESWICK DR. CITY-ST-ZIP: HOLIDAY FL 34691 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: MAYROS, HELEN STREET ADDRESS: 3534 JACKSON DR CITY-ST-ZIP: HOLIDAY FL 34691 <input checked="" type="checkbox"/> Delete		TITLE: VP NAME: SEIBER, ELIZABETH STREET ADDRESS: 2023 N. POINTE ALEXIS DRIVE CITY-ST-ZIP: TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: COROS, KULA STREET ADDRESS: 3653 MADISON ST. CITY-ST-ZIP: NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: GEORGIADES, LEE STREET ADDRESS: 1146 BRIGHTWELL DR CITY-ST-ZIP: HOLIDAY FL <input checked="" type="checkbox"/> Delete		TITLE: D NAME: MELTS, JIMMY STREET ADDRESS: 9856 LAKEVIEW DRIVE CITY-ST-ZIP: NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: POTARIS, OLYMPIA STREET ADDRESS: 6619 SPRING FLOWER DR UNIT 11 CITY-ST-ZIP: NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary L. Cocoris April 20, 2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #