2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# 744337

Entity Name: HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.

Current Principal Place of Business:

3530 CHESWICK DR
POBV 3692
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3692
POBV 3692
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-1848551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COCORIS, MARY L
3530 CHESWICK DR
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELIADES, ANDRIANA
Address: 1826 RISING SUN DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: S ( ) Delete
Name: COCORIS, MARYL
Address: 3530 CHESWICK DR.
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete
Name: PAPTHEODOROU, E
Address: 1629 DARTMOUTH DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Delete
Name: COROS, KULA
Address: 3610 GAILWOOD DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: POLEMIS, ANGIE
Address: 1153 HONOR DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete
Name: GRAY, NICKI
Address: 5747 8TH AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PAPATHEODOROU, E.
Address: 1629 DARTMOUTH DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: S (X) Change ( ) Addition
Name: COCORIS, MARY L
Address: 3530 CHESWICK DR.
City-St-Zip: HOLIDAY, FL 34691

Title: VP (X) Change ( ) Addition
Name: KOUTSOPANAGOS, P.
Address: 3600 EISENHOWER DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY L. COCORIS S 03/15/2009

Electronic Signature of Signing Officer or Director — Date