


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90028 050 ****61.25

DOCUMENT # N00000000689

1. Entity Name
ARGONAUTES HELLENIC ORGANIZATION OF GREEK ORTHODOX PLANNING, INC.



Principal Place of Business Mailing Address

**1601 S. KEENE ROAD
 CLEARWATER, FL 33756** **1601 S. KEENE ROAD
 CLEARWATER, FL 33756**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3622299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZACHAROPOULOS JR, SOTIRIOS
 1601 S KEENE RD
 CLEARWATER, FL 33756**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACHAROPOULOS, KALLINIKOS S 1601 S. KEENE RD. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALEAS, PETE 5610 W. KIMBALL AVE. CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZACHAROPOULOS, SOTIRIOS 1601 S. KEENE RD. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARARIS, DIMITRI 13473 CROFT DR. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **President** **3.10.06** **727 5338543**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #