

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001174

FILED  
Apr 09, 2012  
Secretary of State

Entity Name: PAN-HELLENIC SOCIETY OF OCALA, INC.

**Current Principal Place of Business:**

9926 SE 36TH AVE  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5871  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 58-2683188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RUCKER, DEMETRA  
38 HEMLOCK PASS  
OCALA, FL 34472    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  
Name: SPANGLER, CAROL  
Address: 3530 S PINE AVE #66  
City-St-Zip: OCALA, FL 34471

Title: VP  
Name: ZOTOS, KATHERINE  
Address: 12297 SE 177TH LOOP  
City-St-Zip: SUMMERFIELD, FL 34491

Title: S  
Name: PANTAZIS, KATINA  
Address: 2240 SE 5TH STREET  
City-St-Zip: OCALA, FL 34471

Title: A S  
Name: DIAMANTIS, SONDR  
Address: 3499 RESTON DRIVE  
City-St-Zip: THE VILLAGES, FL 32163

Title: T  
Name: STRANGOS, KATHRYN  
Address: 772 BARBADOS PLACE  
City-St-Zip: THE VILLAHESES, FL 32162

Title: A T  
Name: RUCKER, DEMETRA  
Address: 38 HEMLOCK PASS  
City-St-Zip: OCALA, FL 34472

I hereby 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 all other like empowered.

SIGNATURE: DEMETRA RUCKER

A T

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date