

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003025

1. Entity Name
AHEPA 296, INC.



Principal Place of Business
**3 GREENWOOD CIR
FT WALTON BEACH, FL 32548-6338**

Mailing Address
**3 GREENWOOD CIR
FT WALTON BEACH, FL 32548-6338**



01132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'NEIL, JOE
3 GREENWOOD CIR
FT WALTON BEACH, FL 32548-6338**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000589184
01/18/07-80005-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEIL, JOE 3 GREENWOOD CIR FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, MARK 3915 LYN ORA DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVALLAS, MIKE 1202 W MAIN ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANASTOPOULOS, ARTHUR 901 LARGO DR PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, JACK 7430 BEULAH RD PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITHOS, CHRIS 2860 WHISPER BAY BOULEVARD GULF BREEZE, FL 32563

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOE ONEIL **JOE ONEIL** **1/13/07 850-863-2726**