FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

3-26-96 (813) 797-4411

1996

SIGNATURE:

DOCUMENT # N38577

(5)

PANHELLENIC FEDERATION OF FLORIDA INC.

Principal Place	of Business	Mailing Address) (ABSTAND) MAD ILLAN SANAS BITIS SABAS 1801 MINIT ALBIT ALBIT ASAS ANALL ANDS				
519 CLEVELAND STR. CLEARWATER FL 34615		P.O. BOX 5211 CLEARWATER FL 34618-5211							
						3. Date Incorporated or Qualified 06/12/1990	3a. Date	of Last /12/1	
سر مستند	ace of Business	2a. Mailing Address				4. FEI Number 59-3138537		1	Applied For
21 /76	· Prings Ji	26 Cuito Act # etc				59-3 136537			Not Apolicable
Suite, Apt.	#, etc. 501TE 6	27 Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Required			
City & State		City & State		-		6. Election Campaign Financing			0 May Be
23 CLE,	ARWATER, FL	28				Trust Fund Contribution			ed to Fees
Zip 24 34615	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
			81	1	Name	•			
ANTON,			82 Street Ad			ess (P.O. Box Number is Not Acceptable))		
	TH BLVD.		83	1					
SAFEIT	HARBOR FL 34695								
			84	4	City		FL	85 Zq	p Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above	-na	amed corpora	ation submits this statement for the purp	ose of chang	ing its r	registered office
or register	red agent, or both, in the State of Florid th, and accept the obligations of, Secti	da. Such change was authoriz	ed by the corp	ро	ration's board	d of directors. I hereby accept the appoi	ntment as re	gistered	Lagent. Lam
SIGNATURE	,								
	Signature, typed or printed name of registered agent		OTE: Registered Age	eni	signature required		DATE		
12.	OFFICERS ANI	D DIRECTORS TIDELETE	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	DP Tsafatinos, Terry	Dogrette	1.1 TITLE		İ		Ц	Change	☐ Addition
NAME CIDECT ADDRESS	2110 DREW ST		1.2 NAME		ADDDCCC	•			
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL 34625		1.3 STREE		ADDRESS				
TITLE	D2VP	DELETE	2.1 TITLE		- 217			Change	Addition
NAME	MIDANAS, CHRIS	_	2.2 NAME				_	•	_
STREET ADDRESS	2110 DREW ST		2 3 STREE	ET A	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34625		2. 4 CITY	- \$1	T-ZIP				
TITLE	D1VP	DELÉTE	3.1 TITLE					Change	Addition
NAME	KINDINIS, GEORGE		3.2 NAME						
STREET ADDRESS	2110 DREW ST		3.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34625	Position	3.4 CiTY		I-ZIP				
TITLE	GS NAME OF A CHIEF OF	DELETE	4.1 TITLE					Change	Addition
NAME .	KAKALIS, ACHILLES 2110 DREW ST		4. 2 NAME		I DASSEGO				
STREET ADDRESS :	CLEARWATER FL 34625		4.3 STREE						
TITLE	SS	DELETE	4.4 C(TY- 5.1 TITLE	01	- ZIF			Change	☐ Addition
NAME	GIONOIS, KALLI	_		5 2 NAME			_		
STREET ADDRESS	2110 DREW ST		5.3 STREE	ET A	ADDRESS				
CITY-\$T-ZIP	CLEARWATER FL 34625		5.4 CITY -	\$T	:- ZIP				
TITLE	AT	DELETE	6.1 TITLE					Change	☐ Addition
NAME	INTZES, NICK		6.2 NAME						
STREET ADDRESS	2110 DREW ST		6.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34625	odeli genta giliaan ta 1919 ya 1919 ya	6.4 CITY -			41.	2/00/13 57	- 0: -	14
certify that oath; that	t the information indicated on this annu	al report or supplemental ann ration or the receiver or truste	nual report is tr se empowered	rue	e and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 617, Flor	ame legal eff	ect as if	f made under