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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # ~~#~~ N38577
1. Corporation Name
PANHELLENIC FEDERATION OF FLORIDA, INC

Principal Place of Business Mailing Address
13 BOOTH BLVD.
SAFETY HARBOR, FL
34695

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1700 DREW STR.	26 13 BOOTH BLV	593138537	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 SUITE G	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 CLEARWATER, FL	28 SAF. HARBOR FL	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 34695 PINNAC	29 34695 PINNAC		

3. Date Incorporated or Qualified 3a. Date of Last Report

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	NICK ANTON
82 Street Address (P.O. Box Number is Not Acceptable)	13 BOOTH BLVD
83	SAF. HARBOR
84 City	FL
85 Zip Code	34695

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 617.0503, Florida Statutes.

SIGNATURE *Nick Anton* NICK ANTON 4-5-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D. P. TSAFATINS, TERRY	<input checked="" type="checkbox"/> DELETE
NAME	2110 DREW STREET	
STREET ADDRESS	CLEARWATER, FL 34625	
CITY-ST-ZIP		
TITLE	D LVP MIDAWAS, CHRIS	<input checked="" type="checkbox"/> DELETE
NAME	2110 DREW STREET	
STREET ADDRESS	CLEARWATER, FL 34625	
CITY-ST-ZIP		
TITLE	DIVR KINDINIS, GEORGE	<input checked="" type="checkbox"/> DELETE
NAME	2110 DREW STREET	
STREET ADDRESS	CLEARWATER, FL 34625	
CITY-ST-ZIP		
TITLE	GS KAKALIS, ACHILLES	<input checked="" type="checkbox"/> DELETE
NAME	2110 DREW STREET	
STREET ADDRESS	CLEARWATER, FL 34625	
CITY-ST-ZIP		
TITLE	SS GIDONS, KALLI	<input checked="" type="checkbox"/> DELETE
NAME	2110 DREW STREET	
STREET ADDRESS	CLEARWATER FL 34625	
CITY-ST-ZIP		
TITLE	AT INTZES, NICK	<input checked="" type="checkbox"/> DELETE
NAME	2110 DREW STREET	
STREET ADDRESS	CLEARWATER, FL 34625	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES. D ANTON, NICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	13 BOOTH BLV.	
1.3 STREET ADDRESS	SAF. HARBOR, FL 34695	
1.4 CITY-ST-ZIP		
2.1 TITLE	TRESURER D BOUTZOUKAS, EMANUEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1595 BRAEMOOR LANE	
2.3 STREET ADDRESS	DUNEDIN, FL 34698	
2.4 CITY-ST-ZIP		
3.1 TITLE	ASS. TRESURER D KOKOLAKIS, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	103 BUENA VISTA DR	
3.3 STREET ADDRESS	DUNEDIN, FL 34698	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002186034 OS	
6.3 STREET ADDRESS	-05/21/97--01008--007 519/97	
6.4 CITY-ST-ZIP	***70.00	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *Nick Anton* NICK ANTON 4-5-97 (813) 797-4411
DATE Time Phone #

CR2E037 (9/96)