

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
 Katherine Morris  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # N38577**

1. Corporation Name  
**PANHellenic Federation of Florida Inc.**

Principal Place of Business Mailing Address  
 PO Box 516 13 BOOTH BLVD  
 Palm Harbor SAF. HARBOR FL 34885  
 FL 34682-0516

**FILED**  
 99 OCT 20 AM 9:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

510799 90155/049 \$75.00

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/12/1990
22. Suite, Apt. #, etc.	2b. City & State	4. FEI Number 50-3138537
23. City & State	2c. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	2d. Country	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent John Kokolakis 103 Buena Vista Dr Dunedin FL 34698	18. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. State (FL) 85. Zip Code

11. Pursuant to the provisions of Sections 617.0602 and 617.1604, 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 responsibility of, Section 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 10-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: ANTON, NICK STREET ADDRESS: 13 BOOTH BLVD CITY-ST-ZIP: SAF HARBOR FL 34885	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: KOKOLAKIS, JOHN 1.3 STREET ADDRESS: 103 BUENA VISTA DR 1.4 CITY-ST-ZIP: DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BOUTZOUKAS, EMANUEL STREET ADDRESS: 1505 BRAEMOOR LANE CITY-ST-ZIP: DUNEDIN FL 34698	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: TD 2.2 NAME: STASTOS, STELIOS 2.3 STREET ADDRESS: 190 MINGOLA CIR 2.4 CITY-ST-ZIP: PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ATD NAME: KOKOLAKIS, JOHN STREET ADDRESS: 103 BUENA VISTA DR CITY-ST-ZIP: DUNEDIN FL 34698	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: ATD 3.2 NAME: JOHN L. FILLIPPOUKIS 3.3 STREET ADDRESS: 4165 BIRCHGLADE WATCH BLVD 3.4 CITY-ST-ZIP: PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, or on an attachment with an address, with all other officers empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: 10-5-99 727 942-67