


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N45392
 1. Entity Name
GREEK-AMERICAN COMMUNITY OF FLORIDA, INC.



Principal Place of Business A-109 BAYVIEW BLVD OLDSMAR, FL 34677 US	Mailing Address A-109 BAYVIEW BLVD OLDSMAR, FL 34677 US
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04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AGELATOS, SOTIRIOS
 109 BAYVIEW BLVD STE A
 OLDSMAR, FL 34677

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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: *Sotirios Agelatos* **SOTIRIOS AGELATOS** DATE: 4/18/04
Signature, typed or printed name of registered agent and trustee, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000122855
 04/21/04-80047-006 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELATOS, ANGELO 751 DODECANESE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAROS, SOCRATES 1961 PINEHURST RD. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGELATOS, SOTIRIOS #A-109 BAYVIEW BLVD. S. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I 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 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: *Sotirios Agelatos* **Sotirios Agelatos** DATE: 4/18/04 DAYTIME PHONE #: 727-458-5329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR