


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 A-109 BAYVIEW BLVD A-109 BAYVIEW BLVD
 OLDSMAR, FL 34677 US OLDSMAR, FL 34677 US

DO NOT WRITE IN THIS SPACE



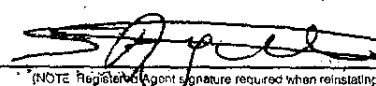
04142005 No Chg-NP CR2E037 (10/03)

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 AGELATOS, SOTIRIOS  04/15/05
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, 2005

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

10. OFFICERS AND DIRECTORS

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

U00000313053
 04/18/05-80109-011 70.00

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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 AGELATOS, SOTIRIOS  04/15/05 727-458-5329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #