

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45392

FILED
Jun 25, 2009
Secretary of State

Entity Name: GREEK-AMERICAN COMMUNITY OF FLORIDA, INC.

Current Principal Place of Business:

A-109 BAYVIEW BLVD
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

A-109 BAYVIEW BLVD
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AGELATOS, SOTIRIOS
109 BAYVIEW BLVD STE A
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANGELATOS, ANGELO
Address: 751 DODECANESE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: AGELATOS, SOTIRIOS
Address: #A-109 BAYVIEW BLVD. S.
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: MERMELAS, GEORGE
Address: A109 BAYVIEW BLVD
City-St-Zip: OLDSMAR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANGELATOS, ANGELO
Address: #A - 109 S. BAYVIEW BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MERMELAS, GEORGE
Address: A - 109 BAYVIEW BLVD
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOTIRIOS AGELATOS

D

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date