NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400002730

## FLORIDA HELLENIC-AMERICAN CHAMBER OF COMMERCE, I NC.

Princ	ipal	Place	of	Business
3738	MISS	SION	COI	URT

LARGO FL 34641

Mailing Address

3738 MISSION COURT LARGO FL 34641

## **FILED** Mar 13, 1999 8:00 am § Secretary of State

03-13-1999 90003 009 \*\*\*422.50

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						1							
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			3.	3. Date Incorporated or Qualifed						
21		26	26			- 1	05/27/1994						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4.	FEI Numb				<u> </u>	lied For	
22		27					<u>59-3386</u>	<u>815</u>			<del></del>	Applicable	
City & State		City & State	City & State			5.	Certifcate	of Status D	esired		\$8.75 A		
23	<u> </u>	28									Fee Re		
Zip	Country	Zip	Coun	itry		6.		ampaign Fi	_		\$5.00	* 1	
24	25	29	30					d Contribution		\!d	Added to	Fees	
	9. Name and Address of Curren	t Registered Agent		81	Name	10.	Name an	Address	OT NEW I	(egisterea	Agent		
			1	٠,	Name								
PRINIOTAL	(IS, FOTINI		Ī	82	Street Ac	Address (P.O. Box Number is Not Acceptable)							
3738 MISS	ION COURT		\- -	83									
LARGO FL	34641		'	03							. >		
			T I	84	City					E1	85 Zip C	ode	
	·									FL	-		
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statut of Florida, Such change was a	tes, the about the contract of	ove- by ti	named co he corpora	orporation ation's be	n submits ti oard of dire	his statemei ctors. I here	nt for the eby accer	purpose of t the appo	cnanging its intment as reg	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Flo	rida Statut	les.							,		
SIGNATURE													
	Signature, typed or printed name of registered ager	<del> </del>	Registered A	gent	signature requ			CHANCE	9 TO OF	DATE	ND DIRECTO	PS IN 12	
12.		ID DIRECTORS	13. 1.1 TITL	-			ADDITION	CHANGE	3 10 01	FICENS A	Change	Addition	
TITLE	D												
NAME	TSOKOS, CHRIS P		1.2 NAM	-									
STREET ADDRESS	10319 LAKE CARROLL WAY				ADDRESS								
CITY-ST-ZIP	TAMPA FL	□ DELETE	1.4 City 2.1 Titl		ZIP					·	☐ Change	Addition	
TITLE	D	□ nere ie											
NAME	PRINIOTAKIS, FOTINI		2.2 NAM										
STREET ADDRESS	3738 MISSION COURT		1		ADDRESS								
CITY-ST-ZIP	LARGO FL		2.4 CIT		-ZIP			_			☐ Change	Addition	
TITLE	D	☐ DELETE	3.1 TTTL								□ Ondinge		
NAME	SOROLIS, EFFIE		3.2 NAM										
STREET ADDRESS	705 VANDERBAKER RD				ADDRESS		•			•			
CITY-ST-ZIP	TEMPLE TERRACE FL	DELETE	3.4, CIT		-ZIP			_			☐ Change	Addition	
TITLE		m nere ie	4.1 TITL								€1 cuanda	الاستان ، ب	
NAME			4. 2 NA)										
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP		DELETE	4.4 CITY		ZIP						☐ Change	Addition	
TITLE		☐ OELETE	5.1 TITL 5.2 NAM									,	
NAME					ADDRESS								
STREET ADDRESS			5.4 CITY										
CITY-ST-ZIP		DELETE	6.1 TITL		- 6117						Change	Addition	
TITLE		₩ DELETE	6.2 NAM								change		
NAME			ı		ADDDECC							-	
STREET ADDRESS					ADDRESS	•							
OTT ( OT TIP	İ		64 CITY	Y - ST.	.7IP							- 1	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

(813) 861-1987