

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005477 (4)**

1. Corporation Name

**ARGONAUTS - ORGANIZATION FOR SOCIAL, ENVIRONMENTAL, CULTURAL, AND ARTISTIC PLANNING OF GREECE -**



Principal Place of Business

Mailing Address

1601 KEENE ROAD  
CLEARWATER FL 34616  
US

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CLEARWATER FL 34616  
US

3. Date Incorporated or Qualified  
**11/02/1994**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-3284943**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACHAROPOULOS, KALLINIKOS S.  
1601 KEENE ROAD  
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box number is not acceptable)

**900001742879  
-03/14/96--01027--034**

83

**\*\*\*61.25**

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD ZACHAROPOULOS, KALLINIKOS S.**  
STREET ADDRESS **1601 KEENE ROAD**  
CITY - ST - ZIP **CLEARWATER FL 34616**

1.1 TITLE  Change  Addition  
1.2 NAME **Kallinikos Zacharopoulos**  
1.3 STREET ADDRESS **1601 Keene Road**  
1.4 CITY - ST - ZIP **Clearwater, FL 34616**  
**President**

TITLE  DELETE  
NAME **SD DASKALOPOULOS, GEORGE**  
STREET ADDRESS **19 HARBOR OAKS CIR.**  
CITY - ST - ZIP **SAFETY HARBOR FL 34695**

2.1 TITLE  Change  Addition  
2.2 NAME **Ekaterini Tsoukanara**  
2.3 STREET ADDRESS **1601 Keene Road**  
2.4 CITY - ST - ZIP **Clearwater, FL 34616**  
**Secretary**

TITLE  DELETE  
NAME **TD LAMBROS, HARRY**  
STREET ADDRESS **3705 36TH AVE. W.**  
CITY - ST - ZIP **BRADENTON FL 34205**

3.1 TITLE  Change  Addition  
3.2 NAME **Vasilios Katsoulis**  
3.3 STREET ADDRESS **1601 Keene Road**  
3.4 CITY - ST - ZIP **Clearwater, FL 34616**  
**Vice President**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME **Dimitris Hararis**  
4.3 STREET ADDRESS **13473 Croft Drive N.**  
4.4 CITY - ST - ZIP **Largo, FL 34644 34616**  
**Treasurer**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME **Theaharis Tsoukanaras**  
5.3 STREET ADDRESS **1601 Keene Road**  
5.4 CITY - ST - ZIP **Clearwater, FL 34616**  
**Chairman of Board**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

Daytime Phone #

CR2E037 (12/95)

*[Handwritten initials and date]*  
2/14/96