FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:09

DOCUMENT # 714296 (1)

1. Corporation Name
AHEPA CHAPTER NO. 18 COMMUNITY CENTER OF THE PAL M BEACHES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2044 WEST PALM BEACH FL 33402	P.O. BOX 2044 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1968
3a. Date of Last Report: 03/15/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TSIMEKLES, JOHN N.
29 PICKWICK DR. E.
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PSOINOS, GEORGE	1.2 NAME	AUGUST JATRAS	
STREET ADDRESS	323 WESTMINSTER PLACE	1.3 STREET ADDRESS	221 A-1 Pine Hove Cir.	
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JATRAS, AUGUST	2.2 NAME	JOHN PAPADAKIS	
STREET ADDRESS	221 A-1 PINE HOVE CIRCLE	2.3 STREET ADDRESS	1620 Yachtman Place	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	W. Palm Beach, FL 33414	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	TSIMEKLES, JOHN N.	3.2 NAME		
STREET ADDRESS	29 PICKWICK PARK DR.,E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MAGALIOS, ELIAS	4.2 NAME	JAMES P. BOLOGEORGES	
STREET ADDRESS	321 PALMETTO	4.3 STREET ADDRESS	2903 Biarritz Dr.	
CITY-ST-ZIP	W. PALM BCH. FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 changed, or on an attachment with an address.

SIGNATURE: JOHN N. TSIMEKLES SD 2/9/95 (407) 683-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047783