


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # N00000000689

1. Entity Name
ARGONAUTES HELLENIC ORGANIZATION OF GREEK ORTHODOX PLANNING, INC.



| | |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business 1601 S. KEENE ROAD CLEARWATER, FL 33756 | Mailing Address 1601 S. KEENE ROAD CLEARWATER, FL 33756 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-3622299 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ZACHAROPOULOS JR, SOTIRIOS
 1601 S KEENE RD
 CLEARWATER, FL 33756

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000864890
 04/07/08-80005-019 61.25

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZACHAROPOULOS, KALLINIKOS S 1601 S. KEENE RD. CLEARWATER, FL 33756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HALEAS, PETE 5610 W. KIMBALL AVE. CHICAGO, IL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ZACHAROPOULOS, SOTIRIOS 1601 S. KEENE RD. CLEARWATER, FL 33756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HARARIS, DIMITRI 13473 CROFT DR. LARGO, FL 33774 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kallinikos Zacharopoulos* **KALLINIKOS ZACHAROPOULOS**
 _____ **PRESIDENT** **3. 17. 08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #