

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001201

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: THE ACHILLES FOUNDATION, INC.

**Current Principal Place of Business:**

19 NIAGARA FALLS CIRCLE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

19 NIAGARA FALLS CIRCLE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 80-0146498      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRIANAS, JAMES G PHD  
19 NIAGARA FALLS CIRCLE  
ORMOND BEACH, FL 32174      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: PRES ( ) Delete  
Name: BRIANAS, JAMES G PHD  
Address: 19 NIAGARA FALLS CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP1 ( ) Delete  
Name: IFOU, MARIA BA  
Address: PATROCLUS STREET  
City-St-Zip: PHARSALA, GR 40300

Title: VP2 ( ) Delete  
Name: BRIANAS, CHRISTOPHER J MSC  
Address: 3A COMPROMISE STREET  
City-St-Zip: ANNAPOLIS, MD 21401

Title: SEC ( ) Delete  
Name: GOUNDOPOULOS, GREGORY J BSC  
Address: 2 OMIROU STREET  
City-St-Zip: PHARSALA, GR 40300

Title: TREA ( ) Delete  
Name: BRIANAS, JONATHAN T MBA  
Address: 15 1/2 HILL STREET  
City-St-Zip: ANNAPOLIS, MD 21401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP1 (X) Change ( ) Addition  
Name: HALKOS, MICHAEL BA  
Address: 170 SOMERSET ROAD  
City-St-Zip: STEVENSVILLE, MD 21666

Title: VP2 (X) Change ( ) Addition  
Name: CHIRIGOTIS, FREDERICK BS  
Address: 237 AUTUMN CHASE DRIVE  
City-St-Zip: ANNAPOLIS, MD 21401

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

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

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: JAMES G. BRIANAS

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date