

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 18, 2009
Secretary of State**

DOCUMENT# N00000000689

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

Current Principal Place of Business:

1601 S. KEENE ROAD
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1601 S. KEENE ROAD
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3622299 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZACHAROPOULOS JR, SOTIRIOS
1601 S KEENE RD
CLEARWATER, FL 33756 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: PD () Delete
Name: ZACHAROPOULOS, KALLINIKOS S
Address: 1601 S. KEENE RD.
City-St-Zip: CLEARWATER, FL 33756

Title: VPD () Delete
Name: HALEAS, PETE
Address: 5610 W. KIMBALL AVE.
City-St-Zip: CHICAGO, IL

Title: SD () Delete
Name: ZACHAROPOULOS, SOTIRIOS
Address: 1601 S. KEENE RD.
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: HARARIS, DIMITRI
Address: 13473 CROFT DR.
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KALLINIKOS ZACHAROPOULOS

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date