

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003025

Entity Name: AHEPA 296, INC.**Current Principal Place of Business:**3835 CREIGHTON RD.
PENSACOLA, FL 32504**Current Mailing Address:**3835 CREIGHTON RD.
PENSACOLA, FL 32504 US**FEI Number:** 75-3149099**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'NEIL, JOE
3835 CREIGHTON ROAD
PENSACOLA, FL 32504 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	O'NEIL, JOE
Address	3 GREENWOOD CIR
City-State-Zip:	FT WALTON BEACH FL 32548

Title	DIRECTOR
Name	MOHAMED, JAMES
Address	7048 GLENDORA STREET
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	APOSTLE, GEORGE
Address	3610 SUMMIT BOULEVARD
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	ANASTOPOULOS, ARTHUR
Address	901 LARGO DR
City-State-Zip:	PENSACOLA FL 32561

Title	DIRECTOR
Name	BARKER, JACK
Address	7430 BEULAH RD
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	BITHOS, CHRIST
Address	1552 WHISPER BAY BOULEVARD
City-State-Zip:	GULF BREEZE FL 32563

Title	DIRECTOR
Name	ALEXAKOS, ANGELO G.
Address	42 SANDALWOOD STREET
City-State-Zip:	PENSACOLA FL 32505

I hereby 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 all other like empowered.

SIGNATURE: JOE O'NEIL**PRESIDENT****01/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date