

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704593 (3)

1. Corporation Name

ORDER OF AHEPA, FORT LAUDERDALE CHAPTER NO. 394, INC.



Principal Place of Business

**815 N E 15TH AVENUE
FT. LAUDERDALE FL 33304**

Mailing Address

**815 N E 15TH AVENUE
FT. LAUDERDALE FL 33304**

3. Date Incorporated or Qualified
10/01/1962

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0121275

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARRATT, HARRY G.
2601 E OAKLAND PK BLVD STE 500
FT. LAUDERDALE FL 33306**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **V CARRATT, HARRY G.**
STREET ADDRESS **2601 E. OAKLAND PK. BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **SP JOANIDES, DANNY**
STREET ADDRESS **816 NE 15TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PRESIDENT**
2.3 STREET ADDRESS **MICHAEL HOMAYAS**
2.4 CITY-ST-ZIP **708 SE 25 AVE**

TITLE ☐ DELETE
NAME **D KIBLER, DON**
STREET ADDRESS **2719 POLK ST #7**
CITY-ST-ZIP **HOLLYWOOD, FL 00000**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD AYVAS, JOHN**
STREET ADDRESS **2409 NE 10TH ST.**
CITY-ST-ZIP **HALLANDALE FL 33009**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD JOANIDES, JOAKIM**
STREET ADDRESS **816 NE 15TH AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D FRANZELAS, JAMES**
STREET ADDRESS **601 S.W. 12TH COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Michael Homayas **MICHAEL HOMAYAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)