


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 721484	
1. Entity Name PAN-ICARIAN BROTHERHOOD OF AMERICA HELIOS CHAPTER 19, INC.	

Principal Place of Business 1476 PINEHURST RD. DUNEDIN, FL 34698-3838	Mailing Address 1476 PINEHURST RD. DUNEDIN, FL 34698-3838
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent ANDERSON, ANN 1476 PINEHURST RD. DUNEDIN, FL 34698
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CROCKETT, CHARLOTTE 34 ACACIA STREET CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GLAROS, ARGIE 5745 CHEYENE DR. HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRIPODIS, ANNA 3072 WOODSONG LN. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PARDOS, STANLEY 2481 N.E. COACHMAN - SUITE #116 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANDERSON, ANNA 2046 BRENOLA RD. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000937840
05/27/08-80065-015 61.25

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: <i>Ann Anderson</i> Ann Anderson	4/28/08 (727) 443-2089
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	