

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721484

FILED
Apr 24, 2009
Secretary of State

Entity Name: PAN-ICARIAN BROTHERHOOD OF AMERICA HELIOS CHAPTER 19, INC.

Current Principal Place of Business:

1476 PINEHURST RD.
DUNEDIN, FL 346983838

New Principal Place of Business:

Current Mailing Address:

1476 PINEHURST RD.
DUNEDIN, FL 346983838

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, ANN
1476 PINEHURST RD.
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

ANDRESON, ANN
1476 PINEHURST RD.
DUNEDIN, FL 34698 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: ANN ANDRESON

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CROCKETT, CHARLOTTE
Address: 34 ACACIA STREET
City-St-Zip: CLEARWATER, FL 33767

Title: VPD () Delete
Name: GLAROS, ARGIE
Address: 5745 CHEYENE DR.
City-St-Zip: HOLIDAY, FL 34690

Title: S () Delete
Name: TRIPODIS, ANNA
Address: 3072 WOODSONG LN.
City-St-Zip: CLEARWATER, FL 33761

Title: VPD () Delete
Name: PARDOS, STANLEY
Address: 2481 N.E. COACHMAN - SUITE #116
City-St-Zip: CLEARWATER, FL 33765

Title: T (X) Delete
Name: ANDERSON, ANNA
Address: 2046 BRENOLA RD.
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PARDOS, STANLEY
Address: 34 ACACIA STREET
City-St-Zip: CLEARWATER, FL 33767

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

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

Title: T (X) Change () Addition
Name: ANDRESON, ANN
Address: 2046 BRENOLA ROAD
City-St-Zip: CLEARWATER, FL 33755

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: ANN ANDRESON

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date