

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90043 019 ****61.25

DOCUMENT # 726925

1. Entity Name

HELLENIC SOCIETY OF ST. AUGUSTINE, INC.



Principal Place of Business

7 WALDO ST
ST AUGUSTINE FL 32084
US

Mailing Address

7 WALDO ST
ST AUGUSTINE FL 32084
US

03010006



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2739282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARRIS, GERALDINE R
7 WALDO ST
SAINT AUGUSTINE FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME POULOS, VASSO C ☐ Delete
STREET ADDRESS 25 OAK RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE D
NAME FOTIANOS, THEO ☐ Change ☒ Addition
STREET ADDRESS 8 NINTH ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32080

TITLE P
NAME STEVE, POULOS ☐ Delete
STREET ADDRESS 25 OAK RD
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME KATHERINE, SAUNDERS ☒ Delete
STREET ADDRESS 7 WALDO ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME SARRIS, GERALDINE R ☐ Delete
STREET ADDRESS 185 VAILL POINT RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME WELLING, ELIZABETH K ☐ Delete
STREET ADDRESS 17 SUNFISH DR
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GARY, PETERSON ☐ Delete
STREET ADDRESS 1191 BROOKSIDE COURT
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Geraldine R. Sarris, Secretary

SIGNATURE: *Geraldine R. Sarris*

3-16-04

904/794-2730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #