


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 004 ****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		
2. Principal Place of Business 2940 C.R. 214		3. Mailing Address 2940 C.R. 214			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 59-2739282	
Zip 32084		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARRIS, GERALDINE R 7 WALDO ST SAINT AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name SARRIS, GERALDINE R Street Address (P.O. Box Number is Not Acceptable) 2940 C.R. 214 City St. Augustine FL Zip Code 32084		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D POULOS, VASSO C 25 OAK RD SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVE, POULOS 25 OAK RD ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOTIANOS, THEO 8 NINTH ST SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARRIS, GERALDINE R 185 VAILL POINT RD SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLING, ELIZABETH K 17 SUNFISH DR SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, PETERSON 1191 BROOKSIDE COURT SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARRIS, GERALDINE R 2940 C.R. 214 St. Augustine, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Geraldine R. Sarris</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-27-06 Date		904/794-2730 Daytime Phone #

40021813



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