


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 726925	
1. Entity Name HELLENIC SOCIETY OF ST. AUGUSTINE, INC.	

Principal Place of Business 2940 C.R. 214 SAINT AUGUSTINE, FL 32084 US	Mailing Address 2940 C.R. 214 SAINT AUGUSTINE, FL 32084 US
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01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2739282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SARRIS, GERALDINE R 2940 C.R. 214 SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

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 reappointing)) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

000000617150
02/07/07-80064-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	POULOS, VASSO C
STREET ADDRESS	25 OAK RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	P
NAME	STEVE, POULOS
STREET ADDRESS	25 OAK RD
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	D
NAME	FOTIANOS, THEO
STREET ADDRESS	8 NINTH ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	S
NAME	SARRIS, GERALDINE R
STREET ADDRESS	2940 C.R. 214
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	T
NAME	WELLING, ELIZABETH K
STREET ADDRESS	17 SUNFISH DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D
NAME	GARY, PETERSON
STREET ADDRESS	1191 BROOKSIDE COURT
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

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: Geraldine R. Sarris, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

904/794-2730

Date

Daytime Phone #