2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# 726925

Entity Name: HELLENIC SOCIETY OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

2940 C.R. 214
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

2940 C.R. 214
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2739282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARRIS, GERALDINE R
2940 C.R. 214
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	POULOS, VASSO C	
Address:	25 OAK RD	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	P	( ) Delete
Name:	STEVE, POULOS	
Address:	25 OAK RD	
City-St-Zip:	ST AUGUSTINE, FL 32080	
Title:	D	( ) Delete
Name:	FOTIANOS, THEO	
Address:	8 NINTH ST	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	S	( ) Delete
Name:	SARRIS, GERALDINE R	
Address:	2940 C.R. 214	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	T	( ) Delete
Name:	WELLING, ELIZABETH K	
Address:	17 SUNFISH DR	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	GARY, PETERSON	
Address:	1191 BROOKSIDE COURT	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: STEVE POULOS P 02/01/2009

Electronic Signature of Signing Officer or Director — Date