


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90030 039 ****61.25

DOCUMENT # 744337			
1. Entity Name HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.			
Principal Place of Business 3530 CHESWICK DR POBV 3692 HOLIDAY FL 34691 US		Mailing Address P O BOX 3692 POBV 3692 HOLIDAY FL 34690 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1848551		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COCORIS, MARY L 3530 CHESWICK DR HOLIDAY FL 34691		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ELIADES, ANDRIANA 1826 RISING SUN DRIVE HOLIDAY FL 34690	<input type="checkbox"/> Delete		
S COCORIS, MARYI 3530 CHESWICK DR. HOLIDAY FL 34691	<input type="checkbox"/> Delete		
VP SUBER, ELIZABETH 2023 N. POINTE ALEXIS DRIVE TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Delete	VP PAPATHEODOROU, E. 1629 DARTMOUTH DRIVE HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T COROS, KULA 3653 MADISON ST. NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete	T 2610 GAILWOOD DRIVE NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MELTS, JIMMY 9856 LAKEVIEW DRIVE NEW PORT RICHEY FL 34654	<input checked="" type="checkbox"/> Delete	D MAYROS, HELEN 4355 TAHITIAN GARDENS CIRCLE HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D SAKATOS, ELLIE 5923 OTIS DR NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	D GRAY, NICKI 5747 - 8th AVENUE NEW PORT RICHEY, FL 34652	<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 Section 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: Mary L. Cocoris march 29, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR