

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 21, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1848551

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

COCORIS, MARY L
3530 CHESWICK DR
HOLIDAY FL 34691

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, 2007**

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

TITLE P ☐ Delete
NAME ELIADES, ANDRIANA
STREET ADDRESS 1826 RISING SUN DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE S ☐ Delete
NAME COCORIS, MARY L
STREET ADDRESS 3530 CHESWICK DR.
CITY-ST-ZIP HOLIDAY FL 34691

TITLE VP ☐ Delete
NAME PAPTHEODOROU, E
STREET ADDRESS 1629 DARTMOUTH DRIVE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE T ☐ Delete
NAME COROS, KULA
STREET ADDRESS 3610 GAILWOOD DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☐ Delete
NAME MAYROS, HELEN
STREET ADDRESS 4355 TAHITIAN GARDENS CIRCLE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ Delete
NAME GRAY, NICKI
STREET ADDRESS 5747 8TH AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000674970
CITY-ST-ZIP 03/29/07-80089-022 61.25

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

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

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

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 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 16, 2007