

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744337

FILED
Mar 02, 2012
Secretary of State

Entity Name: HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.

Current Principal Place of Business:

3530 CHESWICK DR
POBV 3692
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3692
HOLIDAY, FL 34692 US

New Mailing Address:

FEI Number: 59-1848551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCORIS, MARY L
3530 CHESWICK DR
HOLIDAY, FL 34691 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: P
Name: PAPATHEODOROU, E.
Address: 1629 DARTMOUTH DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: S
Name: COCORIS, MARY L
Address: 3530 CHESWICK DR.
City-St-Zip: HOLIDAY, FL 34691

Title: VP
Name: KOUTSOPANAGOS, P.
Address: 2435 GRAND BLVD
City-St-Zip: HOLIDAY, FL 34690

Title: T
Name: COCORIS, MARY L
Address: 3530 CHESWICK DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D
Name: POLEMIS, ANGIE
Address: 1153 HONOR DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D
Name: GRAY, NICKI
Address: 5747 8TH AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: MARY L COCORIS

S

03/02/2012

Electronic Signature of Signing Officer or Director

Date