

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 749935 (3)**  
1. Corporation Name  
**UNITED HELLENIC-AMERICAN VOTERS OF FLORIDA, INC.**



Principal Place of Business  
**P. O. BOX 2354  
CLEARWATER FL 34617**

Mailing Address  
**P. O. BOX 2354  
CLEARWATER FL 34617**

3. Date Incorporated or Qualified  
**11/28/1979**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3314342</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>POUMAKIS, GEORGE 1070 MCLEAN ST DUNEDIN FL 34698</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	PD KYROS, THOMAS	Change	Addition
NAME	TARRON, JAMES			1.2 NAME	7834 PUTNAM CIRCLE		
STREET ADDRESS	2016 LITTLE NECK RD			1.3 STREET ADDRESS	NEW PORT RICHEY, FL		
CITY-ST-ZIP	CLEARWATER F			1.4 CITY-ST-ZIP	34655		
TITLE	VPD	DELETE		2.1 TITLE	VPD POUMAKIS, LEMONIA	Change	Addition
NAME	KYROS, THOMAS			2.2 NAME	1070 MC LEAN ST.		
STREET ADDRESS	7834 POUTNAM CIRCLE			2.3 STREET ADDRESS	DUNEDIN, FL		
CITY-ST-ZIP	NEW PORT RICHEY FL			2.4 CITY-ST-ZIP	34698		
TITLE	VPD	DELETE		3.1 TITLE	VPD INTZES, NICK	Change	Addition
NAME	CONSTANTINOU, MARIO			3.2 NAME	1626 Wildwood Rd.		
STREET ADDRESS	1353 MAIN ST			3.3 STREET ADDRESS	Clearwater, FL		
CITY-ST-ZIP	DUNEDIN FL			3.4 CITY-ST-ZIP	34616		
TITLE	SD	DELETE		4.1 TITLE	SD POWLOS, PATRA C.	Change	Addition
NAME	LEMONIA, PUOMAKIS			4.2 NAME	2358 Ecuadorian Way Apt 64		
STREET ADDRESS	1070 MC LEAN ST			4.3 STREET ADDRESS	Clearwater, FL		
CITY-ST-ZIP	DUNEDIN FL			4.4 CITY-ST-ZIP	34623		
TITLE	TD	DELETE		5.1 TITLE	TD PSOMAS, MARIOS	Change	Addition
NAME	PSOMAS, MARIO			5.2 NAME	1013 Connecticut Rd		
STREET ADDRESS	1013 CONNECTICUT RD			5.3 STREET ADDRESS	Tarpon Springs, FL		
CITY-ST-ZIP	TARPOON SPRINGS FL			5.4 CITY-ST-ZIP	34689		
TITLE	D	DELETE		6.1 TITLE	D POUMAKIS, GEORGE	Change	Addition
NAME	POUMAKIS, GEORGE			6.2 NAME	1070 McLean St.		
STREET ADDRESS	1070 MC LEAN ST			6.3 STREET ADDRESS	Dunedin, FL		
CITY-ST-ZIP	DUNEDIN F			6.4 CITY-ST-ZIP	34698		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Thomas Kyros* **THOMAS KYROS** MAY-17-96 (813) 876-4718  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)