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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34617-2354



3. Date Incorporated or Qualified
11/28/1979

3a. Date of Last Report
05/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3314342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POUMAKIS, GEORGE
1070 MCLEAN ST
DUNEDIN FL 34898

81 Name

THOMAS KYROS

82 Street Address (P.O. Box Number is Not Acceptable)

7884 PUTNAM CIRCLE

83

New Port Richey

84 City

FL

85 Zip Code

34655

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

5-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
NAME KYROS, THOMAS
STREET ADDRESS 7834 PUTNAM CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

VPD
NAME POUMAKIS, LEMONIA
STREET ADDRESS 1070 MCLEAN ST.
CITY-ST-ZIP DUNEDIN FL

TITLE ☐ DELETE

VPD
NAME INTZES, NICK
STREET ADDRESS 1626 WILDWOOD RD.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

SD
NAME POULOS, PATRA C
STREET ADDRESS 2358 ECUADORIAN WAY APT 64
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

TD
NAME PSOMAS, MARIOS
STREET ADDRESS 1013 CONNECTICUT RD
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

D
NAME POUMAKIS, GEORGE
STREET ADDRESS 1070 MCLEAN ST.
CITY-ST-ZIP DUNEDIN FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

CR2E037 (9/96)