

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 756142 (6)

1. Corporation Name

ROUMELIOTIKO SOCIETY OF FLORIDA, INC.

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2500 NE 49
LIGHTHOUSE POINT FL 33064

2500 NE 49
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1981

3a. Date of Last Report

03/28/1994

4. FEI Number

NOT APPLICABLE

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 290 NW 125th St

22 City & State

27 City & State

23 Zip

Country

28 NORTH MIAMI, FL

29 Zip

Country

24

25

29 33168

30 DADE

9. Name and Address of Current Registered Agent

VASILAKIS, NICK
998 SW 11 CT
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

YORGOS N. ZAZAS

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

6810 MIAMI LAKES DR

83

MIAMI LAKES FL 33014

84 City

FL

85

Zip Code

33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/5/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	VASILAKIS, NICK
STREET ADDRESS	998 SW 11TH CT
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD
NAME	RIGALOS, FRANK
STREET ADDRESS	290 N. W. 125TH ST
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	TD
NAME	VOULA, PRIOVOLOS
STREET ADDRESS	139-45 LAKE GEORGE CT
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	RIGALOS, FRANK	
1.3 STREET ADDRESS	290 N.W. 125TH ST	
1.4 CITY-ST-ZIP	N MIAMI, FL 33168	
2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	VOULA CHRISTOPHOLOS	
2.3 STREET ADDRESS	2500 NE 49	
2.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
3.1 TITLE	DS	☒ Change ☐ Addition
3.2 NAME	YORGOS N. ZAZAS	
3.3 STREET ADDRESS	6810 MIAMI LAKES DRIVE	
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
4.1 TITLE	TD	☐ Change ☐ Addition
4.2 NAME	VOULA PRIOVOLOS	
4.3 STREET ADDRESS	139-45 LAKE GEORGE CT	
4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Phoebe Rigal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 1/2/95