

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 # **756142** (6)

1. Corporation Name

ROUMELIOTIKO SOCIETY OF FLORIDA, INC.



Principal Place of Business

**2500 NE 49
LIGHTHOUSE POINT FL 33064**

Mailing Address

**290 NW 125TH STREET
NORTH MIAMI FL 33168
US**

3. Date Incorporated or Qualified
02/02/1981

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

6810 MIAMI LAKES

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

MIAMI LAKES, FL

6. Election-Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

33014

DADE

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

**ZAZAS, YORGOS N.
6810 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**

81 Name

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

83

84 City

FL

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

Jorge N. Zazas Secretary

3/17/96

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 |
| NAME | RIGALOS, FRANK | |
| STREET ADDRESS | 290 N.W. 125TH STREET | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | VP | DELETE |
| NAME | CHRISTOPOULOS, VOULA | |
| STREET ADDRESS | 2500 NE 49 | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL | |
| TITLE | DS | DELETE |
| NAME | ZAZAS, YORGOS N. | |
| STREET ADDRESS | 6810 MIAMI LAKES DRIVE | |
| CITY-ST-ZIP | MIAMI LAKES FL | |
| TITLE | TD | DELETE |
| NAME | PRIOVOLOS, VOULA | |
| STREET ADDRESS | 139-45 LAKE GEORGE COURT | |
| CITY-ST-ZIP | MIAMI LAKES FL | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | | |
|--------------------|----|---------------------------|--------|----------|
| 1.1 TITLE | PP | CHRISTOPOULOS, VOULA | Change | Addition |
| 1.2 NAME | | 2500 NE 49 | | |
| 1.3 STREET ADDRESS | | LIGHTHOUSE POINT FL 33064 | | |
| 1.4 CITY-ST-ZIP | | | | |
| 2.1 TITLE | VP | CHRIS DANIAS | Change | Addition |
| 2.2 NAME | | 5647 GOLFWAY DR | | |
| 2.3 STREET ADDRESS | | BOCA RATON, FL 33433 | | |
| 2.4 CITY-ST-ZIP | | | | |
| 3.1 TITLE | DS | YORGOS ZAZAS | Change | Addition |
| 3.2 NAME | | 6810 MIAMI LAKES DR | | |
| 3.3 STREET ADDRESS | | MIAMI LAKES FL 33014 | | |
| 3.4 CITY-ST-ZIP | | | | |
| 4.1 TITLE | TD | ASILIKI PILLIOURAS | Change | Addition |
| 4.2 NAME | | 2823 McKinley St. | | |
| 4.3 STREET ADDRESS | | Hollywood | | |
| 4.4 CITY-ST-ZIP | | FL 33020 | | |
| 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 | | | | |

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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:

VOULA CHRISTOPOULOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-1996

Date

Daytime Phone #

305-427-7453

CR2E037 (12/95)