

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 # 761620 (4)
1. Corporation Name
GREEK-AMERICAN COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**2525 SOUTH 25TH STREET
FT. PIERCE FL 34981**

Mailing Address
**2525 SOUTH 25TH STREET
FT. PIERCE FL 34981**

3. Date Incorporated or Qualified
01/27/1982

3a. Date of Last Report
05/31/1995

4. FEI Number
59-2951413

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

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

9. Name and Address of Current Registered Agent

**KINDEL, JOYCE E.
953 OLD DIXIE HIGHWAY B-6
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
BLEKAS, GEORGE
248 NW BENTLEY CIRCLE
PORT ST. LUCIE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GRIVAS, MICKEAL
1965 42ND AVE
VERO BCH FL 32963**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BEASLEY, RON
3526 NO ALA
VERO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
TIMON, PETER
7380 S. HIGHWAY A1A
TINSEN BEACH FL**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
PLANITIS, ANTHONY
23-40 AGUILOS AVE
PALM BAY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
GEORGIADES, PETER
217 VRADE AVE
POST ST. LUCIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

**P
Mykel Royford
1045 35th Avenue
Vero Beach - Florida - 32960**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

**V.R.
Stephen Gotsch
3500 SO. A1A #605
Jensen Beach - Florida 34957**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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:

George Blekas - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)