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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761620

1. Corporation Name

GREEK-AMERICAN COMMUNITY ASSOCIATION, INC.

Principal Place of Business  
2525 SOUTH 25TH STREET  
FT. PIERCE FL 34961

Mailing Address  
2525 SOUTH 25TH STREET  
FT. PIERCE FL 34961



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/27/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2951413

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 BLEKAS, GEORGE  
STREET ADDRESS 248 NW BENTLEY CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME GRIVAS, MICKEAL  
STREET ADDRESS 1965 42ND AVE  
CITY-ST-ZIP VERO BCH FL 32963

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME PETER MALINOS  
2.3 STREET ADDRESS 576 14TH AVENUE  
2.4 CITY-ST-ZIP VERO BEACH, FL 32962

TITLE VP ☐ DELETE  
NAME CAMACHO, PETER  
STREET ADDRESS 13501 OKEECHOBEE RD.  
CITY-ST-ZIP FORT PIERCE FL 34945

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME TIMON, PETER  
STREET ADDRESS 7380 S. HIGHWAY A1A  
CITY-ST-ZIP TINSEN BEACH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME GATSOS, STEPHEN  
STREET ADDRESS 9500 S A1A 605  
CITY-ST-ZIP JENSEN BEACH FL 34957

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CAVOORIS, GEORGE  
STREET ADDRESS 785 SE WHITMORE DR.  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99 561 871-0126