

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90115 037 \*\*\*\*61.25

DOCUMENT # 767361

1. Corporation Name

ORDER OF AHEPA WEST PASCO CHAPTER 489, INC.

Principal Place of Business

5621 LORENZEN ROAD  
PORT RICHEY FL 34668

Mailing Address

5621 LORENZEN ROAD  
PORT RICHEY FL 34668



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/09/1983

4. FEI Number

53-0121275

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

9. Name and Address of Current Registered Agent

PAPPI, JAMES  
5306 FOREST HILLS DR.  
HALIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name GUST G. ORPHANIDES  
82 Street Address (P.O. Box Number is Not Acceptable)  
4554 MITCHELL ROAD  
83  
84 City New Port Richey FL 85 Zip Code 34652-3171

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 GUST G. ORPHANIDES

4/13/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD WARD	PARIS, GEORGE	7030 WHITETHORN COURT	PORT RICHEY FL 34668	<input type="checkbox"/>
TD PRESIDENT	PANAGOS, GEORGE	889 BELTED KING FISHER DR.	PALM HARBOR FL 34683	<input type="checkbox"/>
VD VICE PRESIDENT	BRILIS, MICHAEL N	11425 FOX RUN	PORT RICHEY FL 34668	<input type="checkbox"/>
STD SECRETARY	PASAYAN, ANDREW	1103 SOUTH PINELLAS AVE	TARPON SPRINGS FL 34689	<input type="checkbox"/>
STD TREASURER	CROUSSOULOUKIS, GREGORY	7 ELGIN PLACE #601	DUNEDIN FL 34698	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-98 (22) 532-4066  
Date Daytime Phone #

0071706

CR2E037 (11/98)