
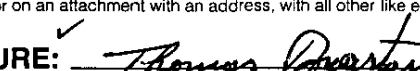


FILED
Feb 13, 2004 8:00 am
Secretary of State

U U U U U U U

DOCUMENT # 767361 1. Entity Name ORDER OF AHEPA WEST PASCO CHAPTER 489, INC.		02-13-2004 90002 025 *****70.00	
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		3. Mailing Address 9047 CALLAWAY DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02052004 Chg-NP CR2E037 (10/03)	
City & State	City & State NEW PORT RICHEY, FL	4. FEI Number 53-0121275	Applied For Not Applicable
Zip	Country	Zip	Country
		34655	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PANAGOS, GEORGE 889 BELTED KING FISHER DR SOUTH X PALM HARBOR, FL 34683		Name THOMAS G. ANASTASSIOU Street Address (P.O. Box Number is Not Acceptable) 9047 CALLAWAY DR. City NEW PORT RICHEY FL Zip Code 34655	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  THOMAS G. ANASTASSIOU		DATE 2/11/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARIS, GEIRGE 7030 WHITETHORN COURT PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANASTASSIOU, THOMAS G. 9047 CALLAWAY DR. NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANAGOS, GEORGE 889 BELTED KING FISHER DR. PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES KOUTSOS 6121 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PASAYAN, ANDREW 1103 SOUTH PINELLAS AVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROUSSOULOUDIS, GREGORY 1190 WEXFORD DR. PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROUSSOULOUDIS, GREGORY 7 ELGIN PLACE #601 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROUSSOULOUDIS, GREGORY 1190 WEXFORD DR. PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  THOMAS G. ANASTASSIOU, PRES.		DATE 2/11/04 727-372-7318	