

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90050 004 ****70.00

DOCUMENT # 767361

1. Entity Name

ORDER OF AHEPA WEST PASCO CHAPTER 489, INC.



Principal Place of Business

5621 LORENZEN ROAD
PORT RICHEY FL 34668

Mailing Address

9047 CALLAWAY DR.
NEW PORT RICHEY FL 34655

40011296



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

6625 Rowan Road

Suite, Apt. #, etc.

3. Mailing Address

6625 Rowan Road

Suite, Apt. #, etc.

4. FEI Number

53-0121275

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANASTASSIOUS, THOMAS G
9047 CALLAWAY DR.
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Signature, typed or printed name of registered agent and title if applicable

Thomas G. Anastassiou

2/26/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANASTASSIOUS, THOMAS G 9047 CALLAWAY DR. NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
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 KDUISOS, JAMES 6121 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
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	S CROUSSOULOU DIS, GREGORY 1190 WEXFORD DR. PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **THOMAS G. ANASTASSIOU, Pres. 2/26/05 727-372-7318**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #