

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 767361	
1. Entity Name ORDER OF AHEPA WEST PASCO CHAPTER 489, INC.	

Principal Place of Business 6625 ROWAN ROAD NEW PORT RICHEY FL 34653-2919	Mailing Address 6625 ROWAN ROAD NEW PORT RICHEY FL 34653-2919
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 53-0121275	Applied For ☐ Not Applicable
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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	
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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 <i>Thomas Anastassiou</i> Signature typed or printed name of registered agent and fee, if applicable.	Thomas Anastassiou (NOTE: Registered Agent signature required when reconstituting)	1/24/2008 DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
PD ANASTASSIOUS, THOMAS G 9047 CALLAWAY DR. NEW PORT RICHEY FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TD PANAGOS, GEORGE 889 BELTED KING FISHER DR. PALM HARBOR FL 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VD KOUTSOS, JAMES 6121 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
STD PASAYAN, ANDREW 1103 SOUTH PINELLAS AVE TARPON SPRINGS FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S CROUSSOULOUDIS, GREGORY 1190 WEXFORD DR. PALM HARBOR FL 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 <i>Thomas Anastassiou</i>	Thomas Anastassiou 1/24/2008 (727) 372-7218
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