

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000689**

1. Entity Name  
**ARGONAUTES HELLENIC ORGANIZATION OF GREEK  
ORTHODOX PLANNING, INC.**



Principal Place of Business  
**1601 S. KEENE ROAD  
CLEARWATER, FL 33756**

Mailing Address  
**1601 S. KEENE ROAD  
CLEARWATER, FL 33756**



02102004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3622299**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ZACHAROPOULOS JR, SOTIRIOS  
1601 S KEENE RD  
CLEARWATER, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*  
Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2.29.04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be  
Added to Fees**

**U00000076305  
03/04/04-80023-003 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
ZACHAROPOULOS, KALLINIKOS S  
1601 S. KEENE RD.  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
HALEAS, PETE  
5610 W. KIMBALL AVE.  
CHICAGO, IL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
ZACHAROPOULOS, SOTIRIOS  
1601 S. KEENE RD.  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
HARARIS, DIMITRI  
13473 CROFT DR.  
LARGO, FL 33774**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**2.29.04 727.538543**  
Date Daytime Phone #