

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90077 029 ****61.25

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**

DO NOT WRITE IN THIS SPACE



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3622299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.2.05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACHAROPOULOS, KALLINIKOS S 1601 S. KEENE RD. CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALEAS, PETE 5610 W. KIMBALL AVE. CHICAGO, IL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZACHAROPOULOS, SOTIRIOS 1601 S. KEENE RD. CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARARIS, DIMITRI 13473 CROFT DR. LARGO, FL 33774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 an other like empowered.

SIGNATURE:

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

PRESIDENT

3.2.05

Date

Daytime Phone #