

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90028 050 \*\*\*\*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**



01122006 No Chg-NP CR2E037 (11/05)

**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**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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
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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** [Signature] **President** **3.10.06** **727 5338543**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #