

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
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**



02062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3622299	Applied For <input type="checkbox"/> 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000864890
04/07/08-80005-019 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KALLINIKOS ZACHAROPOULOS
PRESIDENT**

3. 18. 08