

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000689

FILED  
Feb 02, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1601 S. KEENE ROAD  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 S. KEENE ROAD  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 59-3622299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ZACHAROPOULOS, ANASTASIA  
Address: 1601 S. KEENE RD.  
City-St-Zip: CLEARWATER, FL 33756 US

Title: VPD  
Name: HALEAS, PETE  
Address: 5610 W. KIMBALL AVE.  
City-St-Zip: CHICAGO, IL US

Title: SD  
Name: ZACHAROPOULOS, SOTIRIOS JR  
Address: 1601 S. KEENE RD.  
City-St-Zip: CLEARWATER, FL 33756 US

Title: TD  
Name: TSETELOPOULOS, ROULA  
Address: 1601 S. KEENE RD  
City-St-Zip: CLEARWATER, FL 33756 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANASTASIA ZACHAROPOULOS

PD

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date