

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002606

FILED
Apr 20, 2009
Secretary of State

Entity Name: TREASURE COAST AHEPA #479, INC.

Current Principal Place of Business:

775 SW MUNJACK CIR
PORT ST LUCIE, FL 34986

New Principal Place of Business:

2181 SE BOWIE ST
PORT ST LUCIE, FL 34952

Current Mailing Address:

775 SW MUNJACK CIR
PORT ST LUCIE, FL 34986

New Mailing Address:

2181 SE BOWIE ST
PORT ST LUCIE, FL 34952

FEI Number: 65-1091370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASPROMALLIS, DEMETRIS
775 SW MUNJACK CIR
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

SOFIKITIS, KONSTANTI
2181 SE BOWIE ST
PORT ST LUCIE, FL 34952 US

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: KONSTANTI SOFIKITIS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZAMBIGADIS, OMIROS
Address: P.O. BOX 3061
City-St-Zip: VERO BEACH, FL 32964

Title: SD () Delete
Name: ASPROMALLIS, DEMETRIS
Address: 16511 ESSEX RD N
City-St-Zip: PLATTEVILLE, CO 80651

Title: V () Delete
Name: CRIST, JAMES
Address: 4365 GATOR TRACE LN
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: ASPROMALLIS, DEMETRIS
Address: 775 MUNJACK CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOFIKITIS, KONSTANTI
Address: 2181 SE BOWIE ST
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S (X) Change () Addition
Name: DAGEENAKIS, JOHN
Address: 16511 ESSEX RD N
City-St-Zip: PLATTEVILLE, CO 80651

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DAGEENAKIS, JOHN
Address: 16511 ESSEX RD N
City-St-Zip: PLATTEVILLE, FL 80651

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KONSTANTI SOFIKITIS

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date