

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003533

1. Entity Name
**JORDAN'S DREAM FOR HELLENIC CULTURAL,
RELIGIOUS, AND EDUCATIONAL ADVANCEMENT, INC.**



Principal Place of Business
**P.O. BOX 23667
FORT LAUDERDALE, FL 33307**

Mailing Address
**P.O. BOX 23667
FORT LAUDERDALE, FL 33307**



01182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0682939

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOANIDES, MARIGO
8267 S.W. 128TH STREET
211
MIAMI, FL 33156**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000016540
01/28/04-80059-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOANIDES, MARIGO
STREET ADDRESS	8267 S.W. 128TH STREET #211
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VTD
NAME	ANDRONIS, KYRIAKOULA
STREET ADDRESS	13761 156TH STREET NORTH
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	SD
NAME	JOANIDES, JOANNA
STREET ADDRESS	816 N.E. 15TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: *Marigo Joanides*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04
Date

(305) 234-9880
Daytime Phone