

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008181

FILED
Apr 30, 2008
Secretary of State

Entity Name: ATHENIAN ACADEMY OF PASCO COUNTY, INC.

Current Principal Place of Business:

3118 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

3118 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-4983529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POUMAKIS, GEORGE
1070 MCLEAN STREET
DUNEDIN, FL 34698 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 () Delete
Name: POUMAKIS, GEORGE
Address: 1070 MCLEAN STREET
City-St-Zip: DUNEDIN, FL 34698 US

Title: SD () Delete
Name: LAZIDES, ALEXANDRA
Address: 13325 BRIGHAM LN.
City-St-Zip: HUDSON, FL 34667 US

Title: D () Delete
Name: MOROS, JAMES
Address: 5329 CHARLES STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: SOLINSKY, BONNIE
Address: 4901 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D () Delete
Name: BOUZOS, SOPHIA
Address: 7608 CAMELOT ROAD
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D () Delete
Name: SWANSON, KATHLEEN
Address: 4433 MARCHMONT BLVD
City-St-Zip: LAND O'LAKES, FL 34648

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LAZIDES, ALEXANDRA
Address: 13325 BRIGHAM LN.
City-St-Zip: HUDSON, FL 34667 US

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

Title: D (X) Change () Addition
Name: VLAIKOS, ALEXIS
Address: 5647 LIMA DR
City-St-Zip: HOLIDAY, FL 34690 US

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

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

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: TIM BOWER

ESQ

04/30/2008

Electronic Signature of Signing Officer or Director

Date