

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 01, 2009**  
**Secretary of State**

DOCUMENT# N03000008181

**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 PD  
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 PD  
**Address:** 1070 MCLEAN STREET  
**City-St-Zip:** DUNEDIN, FL 34698 US**Title:** VPD ( ) Delete  
**Name:** THOMAS, RIMOS II VPD  
**Address:** 7215 SKYVIEW AVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34653 US**Title:** DS ( ) Delete  
**Name:** CHU, EDNA SD  
**Address:** 5446 JOBETH DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**Title:** TD ( ) Delete  
**Name:** HAIMES, GRACE TD  
**Address:** 878 CRESTRIDGE CIR.  
**City-St-Zip:** TARPON SPRINGS, FL 34689 US**Title:** D ( ) Delete  
**Name:** ALLEN, RAY D  
**Address:** 5515 FOREST HILLS DR.  
**City-St-Zip:** HOLIDAY, FL 34690 US**Title:** D ( ) Delete  
**Name:** ATHANASIDIS, KATHRYN D  
**Address:** 1015 BOWSPRIT LANE  
**City-St-Zip:** HOLIDAY, FL 34691**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VPD (X) Change ( ) Addition  
**Name:** MATHIEU, JAMES VPD  
**Address:** 3118 SEVEN SPRINGS BLVD.  
**City-St-Zip:** NEW PORT RICHEY, FL 34655 US**Title:** DS (X) Change ( ) Addition  
**Name:** ATHANASIADIS, KATHRYN SD  
**Address:** 3118 SEVEN SPRINGS BLVD.  
**City-St-Zip:** NEW PORT RICHEY, FL 34655**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** LAZIDES, ALEXANDRA D  
**Address:** 3118 SEVEN SPRINGS BLVD.  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

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: GEORGE POUMAKIS

PD

09/01/2009

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