

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 16, 2009**  
**Secretary of State**

DOCUMENT# N05000003098

**Entity Name:** FORT PIERCE HELLENIC ASSOCIATION, INCORPORATED**Current Principal Place of Business:**2525 S. 25TH STREET  
FT. PIERCE, FL 34981**New Principal Place of Business:****Current Mailing Address:**2525 S. 25TH STREET  
FT. PIERCE, FL 34981**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ECONOMYS, PETER  
235 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984 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: P ( ) Delete  
Name: SOFIKITIS, KOSTAS  
Address: 2181 SE BOWIE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S ( ) Delete  
Name: ECONOMYS, ANTHONY  
Address: 801 S OCEAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: T ( ) Delete  
Name: ECONOMYS, PETER  
Address: 235 SW PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP (X) Delete  
Name: MAMANGAKIS, STEVE  
Address: 1767 NW PALMETTO TERR  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: ECONOMYS, PETER  
Address: 235 SW PORT ST LUCIE BLVD.  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP (X) Change ( ) Addition  
Name: MAMANGAKIS, STEVE  
Address: 1767 NW PALMETTO TERR  
City-St-Zip: STUART, FL 34994

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: KOSTA SOFIKITIS

P

08/16/2009

Electronic Signature of Signing Officer or Director

Date