

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006611

1. Entity Name
THE ATHENIAN ACADEMY PRESCHOOL, INC.



Principal Place of Business

**2817 ST MARKS DR
DUNEDIN, FL 34698**

Mailing Address

**1070 MCLEAN ST.
DUNEDIN, FL 34698**



02292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3116425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POUMAKIS, LEMONIA
1070 MCLEAN SR
DUNEDIN, FL 34698**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876528
04/11/08-90076-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VELOUDOS, ALEX
STREET ADDRESS	2457 TREEMONT WAY
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	DT
NAME	POUMAKIS, LEMONIA
STREET ADDRESS	1070 MCLEAN ST
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	DS
NAME	VELOUDOS, PENELOPE
STREET ADDRESS	2457 TREEMONT WAY
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Lemonia Poumakis Treemont
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/08