

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001050

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE AMERICAN COMMITTEE FOR THE REUNIFICATION OF THE PARTHENON SCULPTURES, INC.

Current Principal Place of Business:

7850 NW 146TH STREET
SUITE 501
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7850 NW 146TH STREET
SUITE 501
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 56-2581696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REPPAS, MICHAEL J ESQ.
7850 NW 146TH STREET
SUITE 501
MIAMI LAKES, FL 33016 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: REPPAS, MICHAEL J ESQ.
Address: 7850 NW 146TH STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: MENOS, DENNIS
Address: 4601 NORTH PARK AVENUE #517
City-St-Zip: CHEVY CHASE, MD 20815

Title: S () Delete
Name: KARMIRIS, ELEFTHERIOS
Address: 6700 LONDON LANE
City-St-Zip: BETHESDA, MD 20817

Title: T () Delete
Name: ALEXANDROU, ALEXANDROS
Address: 12201 ST. JAMES ROAD
City-St-Zip: POTOMAC, MD 20854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL REPPAS

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date