FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06595 (5)

1. Corporation Name

HELLENIC CULTURAL CENTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
123 EAST ORANGE STREET TARPON SPRINGS FL 34689	123 EAST ORANGE STREET TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1984
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2617611 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THEOFANUS, HARRY
300 S FLORIDA AVE 100 G
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Damaskini Vrotsos
82 Street Address (P.O. Box Number is Not Acceptable): 4934 Guardian Ave
83:
84 City: Holiday, FL FL 85 Zip Code: 34690

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Damaskini Vrotsos Damaskini Vrotsos 2/15/95
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P. "D." ☒ Change ☐ Addition
NAME	SISOS, GUS	1.2 NAME	DAMASKINI Vrotsos
STREET ADDRESS	516 WAYFARER DRIVE	1.3 STREET ADDRESS	4934 Guardian Ave
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	V	2.1 TITLE	V.P. "D" ☒ Change ☐ Addition
NAME	THEODORAKOPOULOS, NICKOLAOS	2.2 NAME	John Mavridis
STREET ADDRESS	914 GAINSWAY DRIVE	2.3 STREET ADDRESS	1600 N. Tallahassee Dr
CITY-ST-ZIP	TARPON SP FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	VP	3.1 TITLE	S. "D" ☒ Change ☐ Addition
NAME	SAPOUNAKIS, ERASMIA	3.2 NAME	Spiros Lazaridis
STREET ADDRESS	1515 TOLEDO ST	3.3 STREET ADDRESS	2891 Amberly Ct
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	S	4.1 TITLE	S.S. ☒ Change ☐ Addition
NAME	GAITANOS, MARIA	4.2 NAME	EVTHIA EPSILANTIS
STREET ADDRESS	1248 LUAN CIRCLE	4.3 STREET ADDRESS	3049 Fairmount Dr.
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	Holiday FL
TITLE	SS	5.1 TITLE	T. ☒ Change ☐ Addition
NAME	THEOFANUS, YIOTA	5.2 NAME	NICKOLAOS THEODORAKOPOULOS
STREET ADDRESS	300 S FLORIDA AVE 100 G	5.3 STREET ADDRESS	914 Gainsway Dr
CITY-ST-ZIP	TARPON SP FL	5.4 CITY-ST-ZIP	Tarpon Springs FL
TITLE	TZ	6.1 TITLE	☐ Change ☐ Addition
NAME	COSTAS, EPSILANTIS	6.2 NAME	
STREET ADDRESS	3049 FAIRMOUNT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Spiros Lazaridis Spiros Lazaridis 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date
Damaskini Vrotsos

(813) 938-6326
Daytime Phone #

0068324