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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34689-3441

3. Date Incorporated or Qualified: **12/12/1984**
3a. Date of Last Report: **06/14/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VROTSOS, DAMASKINI
4934 GUARDIAN AVE
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name: ATHANASIOS VERGOS
82 Street Address (P.O. Box Number is Not Acceptable): 7926 SLATE CR
83:
84 City: NEW PORT RICHEY FL 85 Zip Code: 34654

X 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Athanasios Vergos
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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DAMASKINI, VROTSOS		1.2 NAME	ATHANASIOS VERGOS	
STREET ADDRESS	4934 GUARDIAN AVE		1.3 STREET ADDRESS	7926 SLATE CR	
CITY-ST-ZIP	HOLIDAY FL		1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VPD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CHRIS MEINTANAS		2.2 NAME	VETA SUBER	
STREET ADDRESS	2763 JARVIS CT.		2.3 STREET ADDRESS	1153 LANDAU ST	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	EDITH EPSILANTIS		3.2 NAME	TOTA ZIOCK	
STREET ADDRESS	3049 FAIRMONT DR.		3.3 STREET ADDRESS	2194 MAIN ST. STE P	
CITY-ST-ZIP	HOLIDAY FL		3.4 CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EPSILANTIS, EVTYHIA		4.2 NAME		
STREET ADDRESS	3049 FAIRMOUNT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ANDREAS SALIVARAS		5.2 NAME	GEORGE HATZIS	
STREET ADDRESS	308 BATH ST.		5.3 STREET ADDRESS	1740 SOLAR DR	
CITY-ST-ZIP	TARPON SP FL		5.4 CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

X 14. I do hereby certify that the information supplied with this filing 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: Athanasios Vergos **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone # 0068934