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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06595

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2617611 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Electior Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VERGOS, ATHANASIOS 7926 SLATE CR NEW PORT RICHEY FL 34654	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	ATHANASIOS, VERGOS		1.2 NAME	ATHANASIOS VERGOS	
STREET ADDRESS	7926 SLATE CIR		1.3 STREET ADDRESS	7926 SLATE CIR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	VPD	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	VETA, SUBER		2.2 NAME	VETA SUBER	
STREET ADDRESS	1153 LANDAU ST.		2.3 STREET ADDRESS	1153 LANDAU ST.	
CITY-ST-ZIP	HOLIDAY FL		2.4 CITY-ST-ZIP	HOLIDAY, FL. 34690	
TITLE	SD	☒ DELETE	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ZIOCK, TOTA		3.2 NAME	EVA TSILIKLIS	
STREET ADDRESS	2194 MAIN ST., STE. P		3.3 STREET ADDRESS	243 KATHERINE BLVD., APT. 5211	
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	T	☒ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	HATZIS, GEORGE		4.2 NAME	NONDAS ATHANASOULIS	
STREET ADDRESS	1740 SOLAR DR		4.3 STREET ADDRESS	5540 FESTIVO DR.	
CITY-ST-ZIP	HOLIDAY FL		4.4 CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

14. I 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, with all other like empowered.

SIGNATURE: Nondas Athanasoulis NONDAS ATHANASOULIS 4/23/99 727-934-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)