

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N06595	
1. Entity Name HELLENIC CULTURAL CENTER OF FLORIDA, INC.	



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

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E037 (11/03)

4. FEI Number 59-2617611	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

KOYTSOPANAGOS, PETROS 3600 EAST EISENHOWER HOLIDAY FL 34691	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 reinstalling)	DATE
-----------	--	------

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOUTSOPANAGOS, PETROS 3600 E EISENHOWER DR HOLIDAY FL 34691 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POULOS, THOMAS 1730 WOOD HAVEN ST. TARPON SPRINGS FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000083242 03/10/04-80031-015 61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KARIOFILIES, HELEN 1985 MIRADA HOLIDAY FL 34690 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VROTSOS, DAMASKINI 4934 GUARDIAN AVE HOLIDAY FL 34690 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POULOS, MARGUERITE 1730 WOOD HAVEN ST. TARPON SPRINGS FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 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: <i>[Signature]</i>	3-3-04 727-943-0292
-------------------------------	---------------------