# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 10, 2005 8:00 am**
**Secretary of State**
03-10-2005 90134 029 ****61.25

DOCUMENT # N06595

1. Entity Name

HELLENIC CULTURAL CENTER OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 123 EAST ORANGE STREET<br>TARPON SPRINGS FL 34689 | 123 EAST ORANGE STREET<br>TARPON SPRINGS FL 34689 |

1st MOORE CR2E037 (10/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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<br>3600 EAST EISENHAUER<br>HOLIDAY FL 34691 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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] 3-4-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

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<br>KOUTSOPANAGOS, PETROS<br>3600 E EISENHOWER DR<br>HOLIDAY FL 34691 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES<br>Koutsopanagos Petros<br>3600 E. Eisenhower Dr.<br>Holiday FL 34691 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>POULOS, THOMAS<br>1730 WOOD HAVEN ST.<br>TARPON SPRINGS FL 34689 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P<br>TEREZAKIS, ANDRE<br>524 WAYFARER DR<br>TARPON SPRINGS FL 34689 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KARIOFILIES, HELEN<br>1985 MIRADA<br>HOLIDAY FL 34690 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sect.<br>Kariofilies, Helen<br>5640 Miranda<br>Holiday FL. 34690 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>VROTSOS, DAMASKINI<br>4934 GUARDIAN AVE<br>HOLIDAY FL 34690 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treas.<br>Vasilou<br>2415 Bent tree Rd<br># 2486 Palm Harbor, FL. 34683 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>POULOS, MARGUERITE<br>1730 WOOD HAVEN ST.<br>TARPON SPRINGS FL 34689 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treas<br>Kuvalakis, Alexandra<br>1629 Dartmouth Dr<br>Holiday FL. 34691 | ☒ 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:** [signature] Alexandra Kuvalakis 3-2-05 727-9430292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #