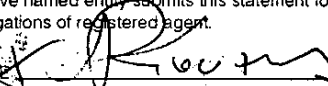


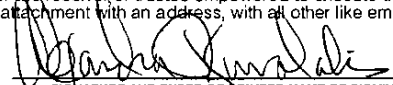
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 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
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 KOYTSOPANAGOS, PETROS 3600 EAST EISENHAWER HOLIDAY FL 34691		7. Name and Address of New Registered Agent 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		DATE 3-4-05 (NOTE: Registered Agent signature required when reinstating)	
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 KOUTSOPANAGOS, PETROS 3600 E EISENHOWER DR HOLIDAY FL 34691 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Koutsopanagos, Petros 3600 E. Eisenhower Dr. Holiday FL 34691 ☒ 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	V.P TEREZAKIS, ANDRE 524 WAYFARE DR TARPON SPRINGS FL 34689 ☒ 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	Sect. Kariofilies, Helen 5645 MIRADA HOLIDAY FL 34690 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VROTSOS, DAMASKINI 4934 GUARDIAN AVE HOLIDAY FL 34690 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. VASILIOU 2415 BENT TREE RD #2406 PALM HARBOR, FL 34683 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POULOS, MARGUERITE 1730 WOOD HAVEN ST. TARPON SPRINGS FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. KUALAKIS, ALEXANDRA 1629 DARTMOUTH DR 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:  Alexandra Kuvalakis 3-2-05 727-9430292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #