

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90001 001 ****61.25

DOCUMENT # N06595

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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 **P** ☐ Delete
NAME KOUTSOPANAGOS, PETROS
STREET ADDRESS 3600 E EISENHOWER DR
CITY - ST - ZIP HOLIDAY FL 34691

TITLE **Pres** ☒ Change ☐ Addition
NAME Koutsopanagos Petros
STREET ADDRESS 3600 E. Eisenhower dr
CITY - ST - ZIP Holiday, FL 34691

TITLE **VP** ☐ Delete
NAME TEREZAKIS, ANDRE
STREET ADDRESS 524 WAYFARER DR
CITY - ST - ZIP TARPON SPRINGS FL 34689

TITLE **vp** ☒ Change ☐ Addition
NAME Terezakis Andre
STREET ADDRESS 524 Wayfarer dr
CITY - ST - ZIP Tarpon Springs, FL 34689

TITLE **S** ☐ Delete
NAME KARIOFILIES, HELEN
STREET ADDRESS 5640 MIRANDA
CITY - ST - ZIP HOLIDAY FL 34690

TITLE **Sec** ☒ Change ☐ Addition
NAME Kariofilies Helen
STREET ADDRESS 1985 Mirada
CITY - ST - ZIP Holiday, FL 34690

TITLE **T** ☒ Delete
NAME VROTSOS, DAMASKINI
STREET ADDRESS 2415 BENT TREE RD #2426
CITY - ST - ZIP PALM HARBOR FL 34683

TITLE **Treas** ☒ Change ☐ Addition
NAME Nikolaos Kambourelis
STREET ADDRESS 1827 Sunrise Dunes CT
CITY - ST - ZIP Tarpon Springs, FL 34689

TITLE **T** ☒ Delete
NAME KUVALAKIS, ALEXANDRA
STREET ADDRESS 1629 DARTMOUTH DR
CITY - ST - ZIP HOLIDAY FL 34691

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

7-19-06

SIGNATURE: Nikolaos Kambourelis Nikolaos Kambourelis 727-942-0893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #