

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06595

FILED
Mar 21, 2009
Secretary of State

Entity Name: PROMETHEAS PAN HELLENIC CULTURAL CENTER OF FLORIDA, INC.

Current Principal Place of Business:

123 EAST ORANGE STREET
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

123 EAST ORANGE STREET
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2617611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASSILIOU, EFFIE
3030 POINTER DRIVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KOUTSOPANAGOS, PETROS
Address: 3600 E EISENHOWER DR
City-St-Zip: HOLIDAY, FL 34691

Title: P () Delete
Name: VASSILIOU, EFFIE
Address: 3030 POINTER DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: KARIOFILIES, HELEN
Address: 5640 MIRANDA
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: LAZIDES, ALEXANDRA
Address: 13325 BRIGHAM LANE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PANAGEAS, GUS
Address: 700 MAYO STREET SOUTH
City-St-Zip: CRYSTAL BEACH, FL 34681

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFFIE VASSILIOU

P

03/21/2009

Electronic Signature of Signing Officer or Director

Date