2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
01-21-2003 90559 017 ****70.00

DOCUMENT # N06595

1. Entity Name
HELLENIC CULTURAL CENTER OF FLORIDA, INC.
« PROMETHEAS »

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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country USA	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 3600, EAST EISENHAUER 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

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 D NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZERVIOS, TOM 1730 U S HWY 19 HOLIDAY FL 34690	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	VP POULOS THOMAS 1730 WOOD HAVEN ST. TARPON SPRINGS, FL 34689 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPANDS, PETROS 801 ANCHORS WAY TARPON SPRINGS FL 34684	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SEC. HELEN KARIOFILIS 1985 MIRADA. HOLIDAY, FL 34690 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VROTSOS, DAMASKINI 4934 GUARDIAN AVE HOLIDAY FL 34690	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, ASST. POULOS MARGUERITE 1730 WOOD HAVEN ST. TARPON SPRINGS, FL. 34689 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #