

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011469

FILED
Mar 18, 2009
Secretary of State

Entity Name: AHEPA CHAPTER NO 489 CHARITIES INC

Current Principal Place of Business:

6625 ROWAN ROAD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6625 ROWAN ROAD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 26-1437741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHANIDES, MARIOS C DR
6625 ROWAN ROAD
NEW PORT RICHEY, FL 34652 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: P () Delete
Name: STEPHANIDES, MARIOS C DR
Address: 9906 LONE TREE LANE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BOUZOS, GEORGE K
Address: 7608 CAMELOT ROAD
City-St-Zip: PORT RICHEY, FL 34668

Title: S () Delete
Name: GAMVRAKIS, MICHAEL
Address: 9203 FOREMOST AVENUE #4413
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: PEJOT, JORGE L
Address: 10624 WOODLAND DRIVE
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: RETSOS, PETER
Address: 1485 E LAKE WOODLANDS PARKWAY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SARAVANOS, ANTHONY
Address: 4928 SOUTH SHORE DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: ANASTASSIOU, THOMAS L
Address: 9047 CALLAWAY DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

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

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: MARIOS STEPHANIDES

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date