

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 11, 2012
Secretary of State

DOCUMENT# N10000004517

Entity Name: AMERICAN HELLENIC COMMUNITY OF FLORIDA, INC.**Current Principal Place of Business:**909 PENINSULA ROAD
TARPON SPRINGS, FL 34689 US**New Principal Place of Business:****Current Mailing Address:**909 PENINSULA ROAD
TARPON SPRINGS, FL 34689 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POULLAS, MARIA
909 PENINSULA ROAD
TARPON SPRINGS, FL 34689 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
Name: LAZIDES, ALEXANDRA P
Address: 13325 BRIGHAM LN
City-St-Zip: HUDSON,, FL 34667 US

Title: VP
Name: AGELATOS, SOTIRIOS V
Address: 109 S BAYVIEW BLVD STE A
City-St-Zip: OLDSMAR, FL 34677 US

Title: TR
Name: KASHIS, GEORGE
Address: 1232 SOUTH MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

Title: ATR
Name: ANTON, NICK
Address: 1919 DUNLOE CR
City-St-Zip: DUNEDIN, FL 34698

Title: SE
Name: MARKATOS, EKATERINI
Address: 5630 IVY LANE
City-St-Zip: HOLIDAY, FL 34690

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDRA LAZIDES

P

08/11/2012

Electronic Signature of Signing Officer or Director

Date