2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N45392

1. Entity Name
GREEK-AMERICAN COMMUNITY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
A-109 BAYVIEW BLVD OLDSMAR, FL 34677 US	A-109 BAYVIEW BLVD OLDSMAR, FL 34677 US

DO NOT WRITE IN THIS SPACE

04202007 No Chg-NP   CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGELATOS, SOTIRIOS
109 BAYVIEW BLVD STE A
OLDSMAR, FL 34677

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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 *Agelatos, Sotirios*   *4/20/07*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ANGELATOS, ANGELO
STREET ADDRESS	751 DODECANESE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	D
NAME	AGELATOS, SOTIRIOS
STREET ADDRESS	#A-109 BAYVIEW BLVD. S.
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	D
NAME	MERMELAS, GEORGE
STREET ADDRESS	A109 BAYVIEW BLVD
CITY-ST-ZIP	OLDSMAR, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/07-80017-001 61.25

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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.

SIGNATURE: *Agelatos, Sotirios*   *4/20/07*   727-458-5329

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