

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45392

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** GREEK-AMERICAN COMMUNITY OF FLORIDA, INC.

**Current Principal Place of Business:**

A-109 BAYVIEW BLVD  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

A-109 BAYVIEW BLVD  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: D ( ) Delete  
Name: ANGELATOS, ANGELO  
Address: 751 DODECANESE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: AGELATOS, SOTIRIOS  
Address: #A-109 BAYVIEW BLVD. S.  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: MERMELAS, GEORGE  
Address: A109 BAYVIEW BLVD  
City-St-Zip: OLDSMAR, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ANGELATOS, ANGELO  
Address: #A - 109 S. BAYVIEW BLVD.  
City-St-Zip: OLDSMAR, FL 34677

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

Title: D (X) Change ( ) Addition  
Name: MERMELAS, GEORGE  
Address: A - 109 BAYVIEW BLVD  
City-St-Zip: OLDSMAR, FL 34677

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: SOTIRIOS AGELATOS

D

06/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date