

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45617

FILED
Apr 03, 2006
Secretary of State

Entity Name: THE GREEK INDEPENDENCE DAY PARADE COMMITTEE OF TAMPA BAY AREA, INC.

Current Principal Place of Business:

P.O. BOX 891
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 891
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3087475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SISOIS, GUS
516 WAY FARE DR
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: PD () Delete
Name: SISOIS, GUS
Address: 516 WAYFARE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: SKORDIDIS, KAY
Address: 217 ATHENS STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: KARNOFILIS, HELEN
Address: 5640 MIRADA DR 2
City-St-Zip: TARPON SPRINGS, FL 34690

Title: TD () Delete
Name: HATZIS, GEORGE N
Address: 7330 NEVA LANE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HUNDLEY, STELLA
Address: 29 N. PINELLAS AVENUE STE B
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GUS SISOIS

PD

04/03/2006

Electronic Signature of Signing Officer or Director

Date