

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90233 028 ****70.00

DOCUMENT # N45617 1. Entity Name THE GREEK INDEPENDENCE DAY PARADE COMMITTEE OF TAMPA BAY AREA, INC.					
Principal Place of Business P.O. BOX 891 TARPON SPRINGS, FL 34688			Mailing Address P.O. BOX 891 TARPON SPRINGS, FL 34688		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 59-3087475			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			04242007 Chg-NP CR2E037 (12/06)		
6. Name and Address of Current Registered Agent SISOIS, GUS 516 WAY FARE DR TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name AGELATOS SOTIRIOS Street Address (P.O. Box Number is Not Acceptable) A-109 S. BAYVIEW BLVD. City OLDSMAR FL Zip Code 34677		
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small>					
DATE 4/25/07					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISOIS, GUS 516 WAYFARE DR TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZIDES ALEXANDRA 13325 BRIGHAM LANE HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNDLEY, STELLA 29 N. PINELLAS AVENUE STE B TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y AGELATOS SOTIRIOS A-109 S. BAYVIEW BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARNOFIUS, HELEN 5640 MIRADA DR 2 TARPON SPRINGS, FL 34690	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POULLA, MARIA 909 PENINSULA RD. TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HATZIS, GEORGE N 7330 NEVA LANE PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANAGEAS, GUS P.O. BOX 361 CRYSTAL BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMITRIADIS, POLI P.O. BOX 2393 PALM HARBOR, FL 34662	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerees.					
SIGNATURE: AGELATOS SOTIRIOS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
DATE 4/25/07					
Daytime Phone # 727-458-5329					