

SECOND NOTICE: CORP. ANNUAL REPORT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47919 (8)

1. Corporation Name
HELLENIC AMERICAN CHAMBER OF COMMERCE OF THE TAM PA BAY AREA, INC.

Principal Place of Business
H.A.C.C.
2110 DREW STREET
CLEARWATER FL 34625

Mailing Address
H.A.C.C.
P.O. BOX 995
CLEARWATER FL 34617

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
ALEXANDROU, MICHAEL
2890 REGENCY CT.
CLEARWATER FL 34619

REINSTATEMENT 98

3. Date Incorporated or Qualified
03/16/1992

4. FEI Number
59-3116622

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **12/15/98**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALEXANDROU, MICHAEL	
STREET ADDRESS	2890 REGENCY CT	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KOSTAKIS, GEORGE	
STREET ADDRESS	3273 SANDY RIDGE DR.	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KOSTANTINIDIS, GEORGE	
STREET ADDRESS	820 WILLOW BRANCH	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002722343-4
1.3 STREET ADDRESS	-12/24/98-01084-021
1.4 CITY-ST-ZIP	****245.00 ****245.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD TSAMBIAS ELIAS
3.3 STREET ADDRESS	701 PARKLAND AVE
3.4 CITY-ST-ZIP	CLEARWATER FL 33764
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **09/26/98** DAYTIME PHONE # **727-447-5461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED AND FILED
98 DEC 17 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E037 (5/98)