


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 13, 1999 8:00 am**  
**Secretary of State**

03-13-1999 90003 009 \*\*\*422.50

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N48864</b>					
1. Corporation Name <b>AMERICAN FOUNDATION OF GREEK LANGUAGE AND CULTURE, INC.</b>					
Principal Place of Business 1202 PARRILLA DE AVILA TAMPA FL 33613-5219 US			Mailing Address 1202 PARRILLA DE AVILA TAMPA FL 33613-5219 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/14/1992 4. FEI Number 59-3305557 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TSOKOS, CHRIS P. 1202 PARRILLA DE AVILA TAMPA FL 33613				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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSOKOS, CHRIS P.	1.2 NAME	
STREET ADDRESS	1202 PARRILLA DE AVILA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALIS, JOHN	2.2 NAME	
STREET ADDRESS	2627 CLARK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALKIAS, DEMETRIOS	3.2 NAME	
STREET ADDRESS	VA AND MEDICAL COLLEGE, USF	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33620	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTTIS, MARY	4.2 NAME	
STREET ADDRESS	2450 GULF BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLAIR BEACH FL 33786	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTON, JOHN	5.2 NAME	
STREET ADDRESS	PHILOSOPHY DRPT., USF	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33620	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLIS, TAKIS	6.2 NAME	
STREET ADDRESS	1600 S. MCDILL AVE., #202	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 (813) 961-1882

Date

Daytime Phone #

CR2E037-(11/98)