


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # N48864 1. Entity Name AMERICAN FOUNDATION OF GREEK LANGUAGE AND CULTURE, INC.	
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Principal Place of Business 1202 PARRILLA DE AVILA TAMPA, FL 33613-5219 US	Mailing Address 1202 PARRILLA DE AVILA TAMPA, FL 33613-5219 US
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04182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3305557	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  TSOKOS, CHRIS P. 1202 PARRILLA DE AVILA TAMPA, FL 33613
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/28/05-80125-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TSOKOS, CHRIS P. 1202 PARRILLA DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALIS, JOHN 2627 CLARK ROAD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALKIAS, DEMETRIOS 10413 BUTIA PLACE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IC MAROULIS, NICHOLAS J 1501 GULF BLVD #207 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA IPPOKRATIS, KANTZIOS 342 FERN CLIFF AVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HATSIOS, JOHN G 1410 AMESBURY COURT NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 empowered.

SIGNATURE: Chris P. Tsokos PD 4-18-05 (813) 961-1992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #