

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N49369**

1. Corporation Name

**Hellenic Peloponisiens Association of  
Florida Inc.**

Principal Place of Business

Mailing Address

**c/o Expo Restaurant**

**Hellenic Peloponisiens Assoc.**

**1185 Hercules Ave. N.**

**c/o Expo Restaurant**

**Clearwater, Fl. 34625**

**1185 Hercules Ave. N.**

**Clearwater, Fl. 34625**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc.

26 Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Thomas Demas  
c/o Expo Restaurant  
1185 Hercules Ave. N.  
Clearwater, Fl. 34625**

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Thomas Demas	
STREET ADDRESS	c/o Expo Restaurant	
CITY-ST-ZIP	1185 Hercules Ave. N., Clw, Fl 34625	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Angelo Leontaritis	
STREET ADDRESS	518 Wayfarer Dr.	
CITY-ST-ZIP	Tarpon Springs, Fl 34689	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Effie Lampathakis	
STREET ADDRESS	988 Bruce Ave.	
CITY-ST-ZIP	Clearwater Beach, Fl. 34630	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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**-06/19/96--01136--003**  
**\*\*\*\$61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Effie Lampathakis Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/31/96**  
Date

**813-736-1461**  
Daytime Phone #

CR2E037 (12/95)