

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

| | |
|--|--|
| DOCUMENT # N94000002730 | |
| 1. Entity Name FLORIDA HELLENIC-AMERICAN CHAMBER OF COMMERCE, INC. | |
| Principal Place of Business 3738 MISSION COURT LARGO, FL 34641 | Mailing Address 3738 MISSION COURT LARGO, FL 34641 |



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3386815 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent PRINIOTAKIS, FOTINI 3738 MISSION COURT LARGO, FL 34641 | 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

| | |
|--|--|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TSOKOS, CHRIS P 10319 LAKE CARROLL WAY TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRINIOTAKIS, FOTINI 3738 MISSION COURT LARGO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOROLIS, EFFIE 705 VANDERBAKER RD TEMPLE TERRACE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAROULIS, NICHOLAS 1501 GULF BLVD., #207 SAND KEY, FL 33767 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000320756
04/21/05-80051-013 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 (813) 981-1992

Date

Daytime Phone #