

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 28 AM 9:32

DOCUMENT #N94000002730

1. Entity Name  
FLORIDA HELLENIC-AMERICAN CHAMBER OF  
COMMERCE, INC.



Principal Place of Business  
1202 PARILLA DE AVILA  
TAMPA, FL 33613

Mailing Address  
1202 PARILLA DE AVILA  
TAMPA, FL 33613



04132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3386815

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TSOKOS, CHRIS P DR.  
1202 PARRILLA DE AVILA  
TAMPA, FL 33613

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

300126888563  
4/29/08--01035--019 \*\*911.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME TSOKOS, CHRIS P  
STREET ADDRESS 10319 LAKE CARROLL WAY  
CITY-ST-ZIP TAMPA, FL

TITLE PCEO  
NAME TSOKOS, CHRIS P DR.  
STREET ADDRESS 1202 PARRILLA DE AVILA  
CITY-ST-ZIP TAMPA, FL 33613

TITLE VP  
NAME KOUTRAS, DENNIS DR.  
STREET ADDRESS 1528 AKOERMARLE CT.  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE T  
NAME BRADNEY, DEBORAH  
STREET ADDRESS 1202 PARILLA DE AVILA  
CITY-ST-ZIP TAMPA, FL 33613

TITLE S  
NAME KOUTILAS, DIANNE  
STREET ADDRESS 1528 ABERMARLE CT.  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

B 4/29/08

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  
Signature and typed or printed name of signing officer or director

R/A

4-14-08

Date

(813) 961-1992

Daytime Phone #