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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002803 (4)

1. Corporation Name

ORDER OF AHEPA SUPPORT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623
US

2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623-1149
US

3. Date Incorporated or Qualified
05/31/1994

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3264989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSAGARIS, JOHN S
2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623

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 D ☐ DELETE
NAME KAKLAMANOS, JAMES
STREET ADDRESS 2725 ASHWOOD CT
CITY-ST-ZIP CLEARWATER FL 34621

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME TSAGARIS, STEVE
STREET ADDRESS 14548 110TH TERRACE N
CITY-ST-ZIP LARGO FL 34644

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME MASTORIDES, MIKE
STREET ADDRESS 1570 ELMWOOD ST.
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TSAGARIS, JOHN
STREET ADDRESS 2376 TERENCE CT
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FELOS, GEORGE
STREET ADDRESS 380 MAIN ST., SUITE 200
CITY-ST-ZIP DUNEDIN FL 34619

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME ALEXANDER, ALEX
STREET ADDRESS 14383 86TH AVE. N
CITY-ST-ZIP SEMINOLE FL 34646

6.1 TITLE P ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

John S. Tsagaris, director 1/2/97 813-791-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0087843

CR2E037 (9/96)