

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90199 034 ****61.25

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1. Corporation Name

ORDER OF AHEPA SUPPORT ASSOCIATION, INC.

Principal Place of Business

2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623
US

Mailing Address

2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

59-3264989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75. Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☒ DELETE
NAME MASTORIDES, SANDRA
STREET ADDRESS 1570 ELMWOOD ST
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE D ☒ DELETE
NAME MASTORIDES, MIKE
STREET ADDRESS 1570 ELMWOOD ST.
CITY-ST-ZIP CLEARWATER FL 33755

TITLE VPD ☐ DELETE
NAME PANTELIDES, GUS
STREET ADDRESS 757 HARBOR ISLAND
CITY-ST-ZIP CLEARWATER FL 33767

TITLE TD ☐ DELETE
NAME SKOULIS, PETER
STREET ADDRESS 2066 HILLWOOD DR
CITY-ST-ZIP CLEARWATER FL 33763

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME KOTTIS, MARY
1.3 STREET ADDRESS 2450 GULF BLVD
1.4 CITY-ST-ZIP BELLAIR BEACH, FL 34635

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME PAPADAKIS, THOMAS
2.3 STREET ADDRESS 1955 SADDLE HILL RD S.
2.4 CITY-ST-ZIP DUNEDIN, FL 34698

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

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

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

6.1 TITLE VPD ☐ Change ☒ Addition
6.2 NAME MARKOPOULOS, SAM
6.3 STREET ADDRESS 2748 CHALLENGER DR
6.4 CITY-ST-ZIP PALM HARBOR, FL 34683

14. 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 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, with all other like empowered.

SIGNATURE:

Peter Skoulis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/99
Date

727-734-1685
Daytime Phone #

CR2E037 (11/98)