

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90011 044 ****61.25

DOCUMENT # N94000002803

1. Entity Name
ORDER OF AHEPA SUPPORT ASSOCIATION, INC.



Principal Place of Business
**1162 JASPER ST NW
LARGO, FL 33770 US**

Mailing Address
**2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER, FL 34623 US**

44000207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3264989

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME ALEXANDER, CHRISTINE
STREET ADDRESS 14333 86TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE, FL 337761933

TITLE PD ☐ Change ☒ Addition
NAME JOANNE SACKEDIS
STREET ADDRESS 843 HILLSIDE DR.
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VPD ☒ Delete
NAME MARVES, JAMES
STREET ADDRESS 103 N COMMET AVENUE
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE VPD ☐ Change ☒ Addition
NAME MIKE SKAROLIS
STREET ADDRESS 1445 S. DUNCAN DR.
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE TD ☒ Delete
NAME ALEXANDER, ALEXANDER
STREET ADDRESS 14333 86TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE, FL 337761933

TITLE TD ☐ Change ☒ Addition
NAME CHRISTOS-COKKINIAS
STREET ADDRESS 2371 HOUNDS TRAIL
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE PD ☐ Delete
NAME PARAPON, PERRY
STREET ADDRESS 9214 82ND WAY NORTH
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME TSAGARIS, STEVE J
STREET ADDRESS 14548-110TH TERRACE
CITY-ST-ZIP LARGO, FL 33774

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* PERRY PARAPON *[Signature]* 1/13/04 *[Signature]* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7-27-6447675