


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90029 041 \*\*\*\*61.25

<b>DOCUMENT # N94000002803</b> 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3264989	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACKEDIS, JOANNE		NAME		
STREET ADDRESS	843 HILLSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAVRES, JAMES		NAME	PD PANTELIDES, GUS	
STREET ADDRESS	103 N. COMET AVENUE		STREET ADDRESS	757 HARBOR ISLAND	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COKKINIAS, CHRISTOS		NAME	TD ALEXANDER, ALEXANDER	
STREET ADDRESS	2377 HOUNDS TRAIL		STREET ADDRESS	14333 86TH AVENUE NORTH	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	SEMINOLE, FL 33776-1933	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARAPON, PERRY		NAME		
STREET ADDRESS	9214 82ND WAY NORTH		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33777		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TSAGARIS, STEVE J		NAME		
STREET ADDRESS	14548 110TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANTZARIAS, GEORGE		NAME		
STREET ADDRESS	408 CASLER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
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: <i>X Alex P. Alexander</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			X1/6/06 X727-345-8000 X245 Date Daytime Phone #		