

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000004261

1. Entity Name

AHEPA NEW SMYRNA MEMORIAL, INC.



Principal Place of Business

Mailing Address

200 S. RIVERSIDE DR  
#203  
NEW SMYRNA BEACH FL 32168

200 S. RIVERSIDE DR  
#203  
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3330751

Applied For

Not Applicable

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

PAPPAS, GEORGE S.  
213 SILVER BEACH AVE  
DAYTONA BEACH FL 32118

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

*GEORGE S. PAPPAS*

*[Signature]*

*4-22-07*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE: VD ☐ Delete  
NAME: ILTSOPOULOS, THEODORE  
STREET ADDRESS: 2061 S PENINSULA DR  
CITY-STATE-ZIP: DAYTONA BEACH FL 32118

TITLE: PD ☐ Delete  
NAME: FUNDOUKOS, THEODORE  
STREET ADDRESS: 200 S. RIVERSIDE DR. #203  
CITY-STATE-ZIP: NEW SMYRNA BEACH FL 32168

TITLE: SD ☐ Delete  
NAME: BALEDES, THEODORE  
STREET ADDRESS: 4211 GULL COVE  
CITY-STATE-ZIP: NEW SMYRNA BEACH FL 32169

TITLE: TD ☐ Delete  
NAME: COIDAKIS, DEMETRIOS  
STREET ADDRESS: 6 STALLION WAY  
CITY-STATE-ZIP: ORMOND BEACH FL 32174

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: **U00000730410**  
STREET ADDRESS: **05/08/07-80080-012 61.25**  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
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CITY-STATE-ZIP:

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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Theodore E. Fundoukos Pres.*