

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004679 (6)**

1. Corporation Name

**UNITED HELENIC VOTERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8825 S.R. 52  
HUDSON FL 34667**

**8825 S.R. 52  
HUDSON FL 34667-6742**



3. Date Incorporated or Qualified **09/21/1994** 3a. Date of Last Report **07/15/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>NOT APPLICABLE</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	<b>\$5.00 May Be Added to Fees</b>
<b>23</b>	<b>28</b>	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>24</b>	<b>29</b>		
Country	Country		
<b>25</b>	<b>30</b>		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TSILIONIS, GUS  
8825 S.R. 52  
HUDSON FL 34667**

81. Name	<b>SOTIRIOS AGELATOS</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>27873 US 19 N.</b>
83.	
84. City	<b>CLEARWATER FL</b>
85. Zip Code	<b>34621</b>

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 Sotirios Agelatos DATE 5/1/97

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P TSILIONIS, GUS</b>	1.2 NAME	
STREET ADDRESS	<b>8825 S.R. 52</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V BRIS, MIKE</b>	2.2 NAME	<b>HATZIS, George</b>
STREET ADDRESS	<b>11425 FOX RUN</b>	2.3 STREET ADDRESS	<b>7330 Neda Ln.</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	2.4 CITY-ST-ZIP	<b>PORT RICHEY, FL. 34668</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATZIS, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>7330 NEDA LN.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VSD BOUZOS, GEORGE</b>	4.2 NAME	<b>KANTARAKIS, NICK</b>
STREET ADDRESS	<b>7608 CAMELOT</b>	4.3 STREET ADDRESS	<b>4125 PINFIELD AVE.</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	4.4 CITY-ST-ZIP	<b>HOLIDAY, FL. 34661</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D VASILAKOS, CHARLES</b>	5.2 NAME	<b>ANGELATOS, SOTIRIOS</b>
STREET ADDRESS	<b>1508 TOLEDO STREET</b>	5.3 STREET ADDRESS	<b>27873 US 19 N.</b>
CITY-ST-ZIP	<b>HOLIDAY FL 34660</b>	5.4 CITY-ST-ZIP	<b>CLEARWATER, FL. 34621</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D TSILIONIS, MARY</b>	6.2 NAME	<b>ANGELATOS, ANGELOS</b>
STREET ADDRESS	<b>8825 S.R. 52</b>	6.3 STREET ADDRESS	<b>27873 US 19 N., CLEARWATER, FL.</b>
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	6.4 CITY-ST-ZIP	<b>34621</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E037 (9/96)