

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90129 037 \*\*\*\*70.00

0066740

DOCUMENT # N94000004679

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/21/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGELATOS, SOTIRIOS

27873 US 19 N

CLEARWATER FL 34621-33761

81 Name

AGELATOS SOTIRIOS

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

83

84 City

FL

85 Zip Code  
33761

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

4/27/99

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME TSILIONIS, GUS

STREET ADDRESS 8825 S.R. 52

CITY-ST-ZIP HUDSON FL

TITLE VPD ☐ DELETE

NAME HATZIS, GEORGE

STREET ADDRESS 7330 NEVA LN

CITY-ST-ZIP PORT RICHEY FL

TITLE T ☐ DELETE

NAME KANTARAKIS, NICK

STREET ADDRESS 4125 PINFIELD AVE

CITY-ST-ZIP HOLIDAY FL

TITLE D ☐ DELETE

NAME ANGELATOS, SOTIRIOS

STREET ADDRESS 27873 US 19 N

CITY-ST-ZIP CLEARWATER FL

TITLE S ☐ DELETE

NAME ANGELATOS, ANGELOS

STREET ADDRESS 27873 US 19 N

CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME MARKOULAKIS, PETER

STREET ADDRESS 3437 DEVONSHIRE RD

CITY-ST-ZIP HOLIDAY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

727-725-3500

CR2E037 (11/98)