

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005477 (4)**

1. Corporation Name

ARGONAUTS - ORGANIZATION FOR SOCIAL, ENVIRONMENTAL, CULTURAL, AND ARTISTIC PLANNING OF GREECE -



Principal Place of Business

Mailing Address

**1601 KEENE ROAD
CLEARWATER FL 34616
US**

**1601 KEENE ROAD
CLEARWATER FL 34616
US**

3. Date Incorporated or Qualified
11/02/1994

3a. Date of Last Report
03/28/1995

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

4. FEI Number

59-3284943

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZACHAROPOULOS, KALLINIKOS S.
1601 KEENE ROAD
CLEARWATER FL 34616**

81 Name

82 Street Address (P.O. Box number is not acceptable)

**900001742879
-03/14/96--01027--034**

83

*****\$61.25**

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ZACHAROPOULOS, KALLINIKOS S.**
STREET ADDRESS **1601 KEENE ROAD**
CITY-ST-ZIP **CLEARWATER FL 34616**

1.1 TITLE **Kallinikos Zacharopoulos** ☐ Change ☐ Addition
1.2 NAME **1601 Keene Road**
1.3 STREET ADDRESS **Clearwater, FL 34616**
1.4 CITY-ST-ZIP **President**

TITLE **SD** ☐ DELETE
NAME **DASKALOPOULOS, GEORGE**
STREET ADDRESS **19 HARBOR OAKS CIR.**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

2.1 TITLE **Ekaterini Tsoukanara** ☐ Change ☐ Addition
2.2 NAME **1601 Keene Road**
2.3 STREET ADDRESS **Clearwater, FL 34616**
2.4 CITY-ST-ZIP **Secretary**

TITLE **TD** ☐ DELETE
NAME **LAMBROS, HARRY**
STREET ADDRESS **3705 36TH AVE. W.**
CITY-ST-ZIP **BRADENTON FL 34205**

3.1 TITLE **Vasilios Katsoulis** ☐ Change ☐ Addition
3.2 NAME **1601 Keene Road**
3.3 STREET ADDRESS **Clearwater, FL 34616**
3.4 CITY-ST-ZIP **Vice President**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **Dimitris Hararis** ☐ Change ☐ Addition
4.2 NAME **13473 Croft Drive N.**
4.3 STREET ADDRESS **Largo, FL 34644 34616**
4.4 CITY-ST-ZIP **Treasurer**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **Theaharis Tsoukanaras** ☐ Change ☐ Addition
5.2 NAME **1601 Keene Road**
5.3 STREET ADDRESS **Clearwater, FL 34616**
5.4 CITY-ST-ZIP **Chairman of Board**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)