

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000003077 (3)

1. Corporation Name

HELLENIC SOCIETY PAIDIA OF FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 1606  
TARPON SPRINGS FL 34688-1606

P.O. BOX 1606  
TARPON SPRINGS FL 34688-1606



3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

22-2528692

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

KONDIS, PETER  
1163 ROLLING OAKS AVENUE  
TARPON SPRINGS FL 34689

81 Name

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

83

100001890481  
-07/11/96--01016--010

84 City

\*\*\*61.25

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

(If Officer: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME ANASTASIADIS, ANASTASIS S  
STREET ADDRESS 2256 CURLEW ROAD  
CITY-ST-ZIP PALM HARBOR FL 34683

11 TITLE PRESIDENT ☐ Change ☐ Addition  
12 NAME GEORGE A. COSTIS  
13 STREET ADDRESS 3333 U.S. HWY 19 No.  
14 CITY-ST-ZIP HOLIDAY, FL. 34691

TITLE D ☒ DELETE  
NAME COSTIS, GEORGE A  
STREET ADDRESS 3333 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP HOLIDAY FL 34691

21 TITLE SECRETARY/ TREASURER ☐ Change ☐ Addition  
22 NAME 5640 MIRADA DRIVE  
23 STREET ADDRESS HOLIDAY, FL. 34690  
24 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME KARIOFILIS, HELEN  
STREET ADDRESS 5640 MIRADA DRIVE  
CITY-ST-ZIP HOLIDAY FL 34690

31 TITLE MARIOS PSOMAS V. PRS. ☐ Change ☐ Addition  
32 NAME 1013 CONNECTICUT ROAD  
33 STREET ADDRESS TARPON SPRINGS, FL. 34689  
34 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME KONDIS, PETER  
STREET ADDRESS 1163 ROLLING OAKS AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

41 TITLE DIRECTOR ☐ Change ☐ Addition  
42 NAME PETER KONDIS  
43 STREET ADDRESS 1163 ROLLING OAKS  
44 CITY-ST-ZIP TARPON SPRINGS, FL. 34689

TITLE D ☒ DELETE  
NAME MANOLAKOS, HELEN  
STREET ADDRESS 3734 WOODRIDGE PLACE  
CITY-ST-ZIP PALM HARBOR FL 34684

51 TITLE DIRECTOR ☐ Change ☐ Addition  
52 NAME KOSTAS SISOIS  
53 STREET ADDRESS 516 WAYFARER DR.  
54 CITY-ST-ZIP TARPON SPRINGS, FL. 34689

TITLE D ☒ DELETE  
NAME PSOMAS, MAIOS  
STREET ADDRESS 1013 CONNECTICUT ROAD  
CITY-ST-ZIP TARPON SPRINGS FL 34689

61 TITLE DIRECTOR ☐ Change ☐ Addition  
62 NAME IRENE MATSAGOS  
63 STREET ADDRESS 3750 LIGHTHOUSE WAY  
64 CITY-ST-ZIP HOLIDAY, FL. 34691

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

Nov 28, 1996

Date

Daytime Phone #

CR2E037 (12/95)