

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 30 1997 8:00am  
Secretary of State

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

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TARPON SPRINGS FL 34688-1606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

07/10/1996

4. FEI Number

22-3528692

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

61 Name

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

63

64 City

FL

65 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 P ☐ DELETE  
NAME COSTIS, GEORGE A  
STREET ADDRESS 3333 US HWY 19 NO.  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE VP ☐ DELETE  
NAME PSOMAS, MARIOS  
STREET ADDRESS 1013 CONNETICUT RD  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE D ☐ DELETE  
NAME SISOIS, KOSTAS  
STREET ADDRESS 516 WAYFARER DR  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ DELETE  
NAME MATSAGOS, IRENE  
STREET ADDRESS 3750 LIGHTHOUSE WAY  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE S/T ☐ DELETE  
NAME KARIOFILIS HELEN  
STREET ADDRESS 5640 MIRADA DR.  
CITY-ST-ZIP HOLIDAY, FL 34690

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

14. I do 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, or on an attachment with an address.

CR2E037 (4/97)