


FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004130 (9)**

1. Corporation Name

**THE GREEK AMERICAN COMMUNITY OF FLORIDA, U.S.A., INC.**



Principal Place of Business	Mailing Address
<b>2506 STILL WATER PALM HARBOR FL 34684</b>	<b>2506 STILL WATER PALM HARBOR FL 34684</b>

3. Date Incorporated or Qualified	<b>08/28/1995</b>
4. FEI Number	<b>59-3334482</b>
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
<b>21 210 South Pinellas Ave</b>	<b>26 210 South Pinellas Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22 Suite 175</b>	<b>27 Suite 175</b>
City & State	City & State
<b>23 Tarpon Springs, Fl</b>	<b>28 Tarpon Springs, Fl</b>
Zip	Zip
<b>24 34689</b>	<b>29 34689</b>
Country	Country
<b>25 USA</b>	<b>30 USA</b>

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>VARIS, PETER H 2506 STILL WATER PALM HARBOR FL 34684</b>	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAPPAS, GEORGE E</b>	1.2 NAME	<b>DVP</b>
STREET ADDRESS	<b>2632 VELVENTOS DRIVE</b>	1.3 STREET ADDRESS	<b>GIALLOURAKIS, TONY D</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34621</b>	1.4 CITY-ST-ZIP	<b>600 E. Center St</b>
TITLE	DP	2.1 TITLE	<b>TARPON SPRINGS, FL 34689</b>
NAME	<b>VARIS, PETER H</b>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2506 STILL WATER</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTARIS, BILL</b>	3.2 NAME	<b>D2ndVP</b>
STREET ADDRESS	<b>10236 TURKEY OAK DR.</b>	3.3 STREET ADDRESS	<b>POTARIS, BILL</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	<b>10236 Turkey Oak Dr.</b>
TITLE	2VP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HATZIS, GEORGE N</b>	4.2 NAME	<b>T</b>
STREET ADDRESS	<b>7330 NEVA LANE</b>	4.3 STREET ADDRESS	<b>ANTHIS, MARY</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34688</b>	4.4 CITY-ST-ZIP	<b>1103 E. Oakwood St</b>
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALAHOUZOS, ELEM</b>	5.2 NAME	<b>S</b>
STREET ADDRESS	<b>219 HOPE</b>	5.3 STREET ADDRESS	<b>POUMAKIS, LEMONIA</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	5.4 CITY-ST-ZIP	<b>1070 McLean St</b>
TITLE	DC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANTARAS, K. DEAN</b>	6.2 NAME	<b>Dunedin, Fl 34698</b>
STREET ADDRESS	<b>2725 PARK DRIVE, SUITE 3</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

**Peter H Varis**

(813) 937-4800

CP2E037 (10/97)