NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # N9500004130 1. Corporation Name

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

Principal Place of Business
210 SOUTH PINELLAS AVE
STE 175
TARPON SPRINGS FL 34689
US

Mailing Address

210 SOUTH PINELLAS AVE

TARPON SPRINGS FL 34689

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90007 018 ****61.25



3. Date Incorporated or Qualifed _ .

2. Principal P	ace of Business 2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26			08/28/1995			
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.				4. FEI Number Applied For			
22		27			59-3334482	Not	Applicable	
City & Stat	City & State City & State				5. Certifcate of Status Desired	\$8.75 A Fee Red	,	
23 :	0.4.	Zip Country						
Zip	Country	Zip	¬ ´		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
24	25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent	81	Name	10. Maine and Address of New Negiston			
				1 Turne				
VARIS, PETER H				82 Street Address (P.O. Box Number is Not Acceptable)				
2566 STILL WATER				83				
PALM HARBOR FL 34684							,	
			84	City		. 85 Zip C	ode	
				•				
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its a	registered iistered	
οπice or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ins of, Section 617.0503, Florid	a Statutes		ion a board of directors. Thereby accept the ap-	John Man Tog		
~							ļ	
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				t signature require	ed when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	DVP	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	GIALLOURAKIS, TONY D		1.2 NAME	-				
STREET ADDRESS	600 E CENTER ST		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-S	r-zi p				
TITLE	DP	☐ DELETE	2.1 πrlE	-		Change	☐ Addition	
NAME	VARIS. PETER H		2.2 NAME	İ				
STREET ADDRESS			2.3 STREET	ADDRESS I			[
	PALM HARBOR FL		2. 4 CITY-S					
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	1-21		Change	☐ Addition	
	DSVP		3.2 NAME	1			_	
NAME	POTARIS, BILL							
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP	NEW PORT RICHEY FL	DELETE	3.4. CITY-S			☐ Change	Addition	
TITLE	T	Moerele	4.1 TITLE		OT.		X ,	
NAME	ANTHIS, MARY		4. 2 NAME		Authis, Mary, St.			
STREET ADDRESS			4.3 STREET		103 E. Oakward Str		, }	
CITY-ST-ZIP	NEW PORT RICHEY FL 34668		4.4 C/TY-S	T-ZIP	larbon strudg , FF 34	<u> 689</u>	Addition	
TITLE	S	DELETE	5.1 TITLE	DŞ	Potros Rizos	Change	Addition	
NAME	POUMAKIS, MEMONIUA		5.2 NAME	1		·	}	
STREET ADDRESS	1070 MCLEAN ST		5.3 STREET	ADDRESS	3921 Lake St. George	E DE	İ	
CiTY-ST-ZIP	DUNEDIN FL 34698		5.4 CITY-S	r-zip 🗔	Palm Horbor, FL	34 <i>6</i> 84		
TITLE	DC	DELETE	6.1 TITLE	1	DC '.	☐ Change	Addition	
NAME	KANTARAS, K. DEAN		6.2 NAME	'	John Christopoulos			
STREET ADDRESS			6.3 STREET	ADDRESS	3054 Seam like			
CITY OF TIP	CI EADMATED EI		6.4 CITY-S	T-ZIP	Klm Harbor was F	L 3469	46	
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the in	formation	

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, with all other like empowered.

SIGNATURE: