

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000005335 (3)**

1. Corporation Name

**GREEK AMERICAN VOTERS OF FLORIDA, INCORPORATED**



Principal Place of Business

Mailing Address

P.O. BOX 2595  
TARPON SPRINGS FL 34688

P.O. BOX 2595  
TARPON SPRINGS FL 34688

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATATOUKOS, MICHAEL  
1632 COCKLESHELL DRIVE  
HOLIDAY FL 34690**

81 Name

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

83

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 **D** ☐ DELETE  
NAME **KOUSKOUTIS, GEORGE M**  
STREET ADDRESS **210 S. PINELLAS AVE., SUITE 104**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SALIBARAS, ANDREAS**  
STREET ADDRESS **628 DODECANESE BLVD.**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **WRIGHT, IRENE**  
STREET ADDRESS **202 HIBISCUS STREET**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SAPOUNAKIS, ERASMINA**  
STREET ADDRESS **1515 TOLDO STREET**  
CITY-ST-ZIP **HOLIDAY FL 34690**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **PATATOUKOS, MICHAEL**  
STREET ADDRESS **1632 COCKLESHELL DRIVE**  
CITY-ST-ZIP **HOLIDAY, FL 34690**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

*Michael Patatoukos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

942 6003

05 5/11/96

*\$61.25 by Bank 3/23/96*

CR2E037 (12/95)