

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90312 031 ****61.25

DOCUMENT # N98000001927

1. Entity Name

AHEPA 421 CHARITABLE FOUNDATION, INC.



Principal Place of Business

9820 S.W. 1ST COURT
PLANTATION FL 33324

Mailing Address

9820 S.W. 1ST COURT
PLANTATION FL 33324

50042868



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

350 N.E. 141ST

3. Mailing Address

901 S.W. 128 AVE

Suite, Apt. #, etc.

41

Suite, Apt. #, etc.

Apt. E309

City & State

NORTH MIAMI FL

City & State

PEMBROKE PINES FL

Zip

1

Country

DADE

Zip

33027

Country

BROWARD

4. FEI Number

65-0846796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMOS, JAMES P
9820 S.W. 1ST COURT
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name POULOS EMANUEL

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

901 S.W. 128 AVE E309

PEMBROKE PINES FL

City

FL

Zip Code

33027

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Emanuel Poulos

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | VALAVANIS, ANGELO | |
| STREET ADDRESS | 1201 N.E. 199TH ST | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33179 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | POULOS, EMANUEL | |
| STREET ADDRESS | 901 S.W. 128TH AVE., #E309 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | DEMOS, JAMES P | |
| STREET ADDRESS | 9820 S.W. 1ST COURT | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EMANUEL POULOS | |
| STREET ADDRESS | 901 S.W. 128 AVE E309 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE GAILIS | |
| STREET ADDRESS | 6731 HAWKCOCK ROAD - | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33330 | |
| TITLE | V.P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COSTAS GBRONTOSIANNA | |
| STREET ADDRESS | 16452 N.W. 19 ST. | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emanuel Poulos (EMANUEL POULOS)

4/16/05

954-432-7416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #