

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001772

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: THE ATHENIAN ACADEMY, INC.

## Current Principal Place of Business:

2817 ST. MARK'S DR  
DUNEDIN, FL 34698

## New Principal Place of Business:

## Current Mailing Address:

2817 ST. MARK'S DR  
DUNEDIN, FL 34698

## New Mailing Address:

FEI Number: 59-3571143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VELOUDOS, ALEX  
2817 ST. MARK'S DR.  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: WILLIAMS, BENEDICT PASTOR  
Address: 1564 GENTRY ST  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: RAY, EVELYN  
Address: 915 LAKE DR  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: PATRIDAS, VOULA  
Address: 543 DIVISION ST  
City-St-Zip: TARPON SPRINGS, FL 38609

Title: D (X) Delete  
Name: MANNING, HUGH  
Address: 1525 CAIRD WAY  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete  
Name: SCHOENFELD, MAX  
Address: 2817 ST. MARK'S DR.  
City-St-Zip: DUNEDIN, FL 34698

Title: PD ( ) Delete  
Name: VELOUDOS, ALEX  
Address: 2457 TREEMONT WAY  
City-St-Zip: DUNEDIN, FL 34698

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TSETSI, MARK  
Address: 1585 AMBERLEA DR. S  
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX VELOUDOS

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date