

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004646

1. Entity Name
**AHEPA FAMILY CHARITIES OF THE PALM BEACHES
FOUNDATION, INC.**



Principal Place of Business
**4370 COMMUNITY DRIVE
W. PALM BEACH, FL 33409**

Mailing Address
**4370 COMMUNITY DRIVE
W. PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE



02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
51-1697370

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PSOINOS, GEORGE
1655 PALM BEACH LAKES BLVD
106
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPDS PSOINOS, GEORGE D 1655 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TO STONE, EMORFIA 6303 WHITE SABAL PALM LANE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MATSOUKAS, GEORGE 284 BLOOMFIELD DRIVE W. PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PAPADAKIS, JOHN 1620 YACHTMAN PL. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WERTMAN, GLORIA 2860 S OCEAN BLVD, #315 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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02/28/05-80061-012 61.25

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IN THIS SPACE**

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:

George Matamoras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05

Date

*561
5850245*

Daytime Phone #