

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004646

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

4370 COMMUNITY DRIVE
W. PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

4370 COMMUNITY DRIVE
W. PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 51-1697370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATSOUKAS, GEORGE
248 BLOOMFIELD DR
WEST PALM BEACH, FL 33405 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: VPDS () Delete
Name: SPILLIAS, KEN
Address: 1655 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD () Delete
Name: STONE, EMORFIA
Address: 6303 WHITE SABAL PALM LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: MUSGROVE, STEVE
Address: 151 CYPRESS COVE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: PAVLAKOS, STEVE
Address: 6333 COUNTY FAIR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GEORGE MATSOUKAS

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date