

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90068 011 \*\*\*\*61.25

**DOCUMENT # N99000005161**

1. Entity Name

HELLENIC CULTURAL ASSOCIATION OF THE TAMPA  
BAY AREA, INC.



Principal Place of Business

3908 W SAN MIGUEL ST.  
TAMPA FL 33629

Mailing Address

3908 W SAN MIGUEL ST.  
TAMPA FL 33629

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3593916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARAS, GUS  
3908 W SAN MIGUEL ST.  
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 CPD  
NAME KOSTARIS, KONSTANTINOS REV ☐ Delete  
STREET ADDRESS P.O. BOX 271828  
CITY-ST-ZIP TAMPA FL 33688

TITLE SD  
NAME PARAS, MARINA ☐ Delete  
STREET ADDRESS 3908 W SAN MIGUEL ST.  
CITY-ST-ZIP TAMPA FL 33629

TITLE TD  
NAME PARAS, GUS ☐ Delete  
STREET ADDRESS 3908 W SAN MIGUEL ST.  
CITY-ST-ZIP TAMPA FL 33629

TITLE VP  
NAME BOBATAS, GEORGE ☐ Delete  
STREET ADDRESS 1245 N. FLORIDA AVE  
CITY-ST-ZIP TARPON SPRINGS FL 33689

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

*Gus Paras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #