2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005161

FILED Apr 30, 2008 Secretary of State

Entity Name: HELLENIC CULTURAL ASSOCIATION OF THE TAMPA BAY AREA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
908 W S/ AMPA, F	AN MIGUEL ST. L 33629			
Current Mailing Address:		New Mailing Address:		
908 W S/ AMPA, F	AN MIGUEL ST. L 33629			
El Number	: 59-3593916	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
	IUS AN MIGUEL ST.			
AMPA, F	L 33629 US			
he above	L 33629 US	ubmits this statement for the រុ	ourpose of changing its registere	ed office or registered agent, or both,
he above	L 33629 US named entity su e of Florida. RE:	·		ed office or registered agent, or both,
he above the State	L 33629 US named entity su e of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or both, Date
The above the State	L 33629 US named entity su e of Florida. RE:	c Signature of Registered Ag	ent	
The above the State	e named entity sue of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Ago ORS: Delete SUEL ST.	ent	Date
he above the State SIGNATUI DFFICER ittle: ame: ddress:	e named entity sue of Florida. RE: Electronic S AND DIRECT STD () E PARAS, MARINA 3908 W SAN MIG TAMPA, FL 3362	C Signature of Registered Ago ORS: Delete SUEL ST. 29 Delete SUEL ST.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: GUS PARAS CPD 04/30/2008