

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Sep 03, 2008  
Secretary of State

DOCUMENT# N07000010169

Entity Name: LEVENDIA CULTURAL SOCIETY, INC.

**Current Principal Place of Business:**

719 HIDDEN LAKES DRIVE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

719 HIDDEN LAKES DRIVE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOUSKOUTIS, N. MICHAEL  
623 EAST TARPON AVE  
TARPON SPRINGS, FL 34689 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: D ( ) Delete  
Name: KOUSKOUTIS, N. MICHAEL  
Address: 623 EAST TARPON AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: LULIAS, JOHN  
Address: 2631 NARCISSUS DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete  
Name: FAKLIS, VASILE  
Address: 929 OAKVIEW RD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: ATHANASATOS, EVANGELIA  
Address: 1719 BAYHILL DRIVE  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: KOUSKOUTIS, MARIA  
Address: 719 HIDDEN LAKE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: IKONOMOU, MIHALITSA  
Address: 500 HOPE STREET  
City-St-Zip: TARPON SPRINGS, FL 34689

**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:

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: MARIA KOUSKOUTIS

D

09/03/2008

Electronic Signature of Signing Officer or Director

Date