

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N15571 (5)**

1. Corporation Name

**PONTIAN SOCIETY "PANAGIA SOUMELA" CLEARWATER, IN C.**



**200001875932**  
-06/26/96--01047--008  
\*\*\*61.25

Principal Place of Business: **TOULA QUINN 604 ROYAL CREST DR. BRANDON FL 33511**  
Mailing Address: **TOULA QUINN 604 ROYAL CREST DR. BRANDON FL 33511**

3. Date Incorporated or Qualified: **06/23/1986**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2952278**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**QUINN, TOULA  
604 ROYAL CREST DRIVE  
BRANDON FL 34689**

10. Name and Address of New Registered Agent  
81 Name: **GEORGE THEODORIDIS**  
82 Street Address (P.O. Box Number Is Not Acceptable): **1483 PIERCE STREET**  
83 City: **CLEARWATER** FL 85 Zip Code: **34615**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: George Theodoridis (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: **4-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEVELEKIDIS, SUZIE</b>	1.2 NAME	<b>George Theodoridis</b>
STREET ADDRESS	<b>2520 BAYWOOD DR</b>	1.3 STREET ADDRESS	<b>1483 PIERCE STREET</b>
CITY-ST-ZIP	<b>HOLIDAY FL</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER 34615</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMOULIDIS, GEORGE</b>	2.2 NAME	<b>SIMOULIDIS SOFIA</b>
STREET ADDRESS	<b>1511 FOX RUN DR</b>	2.3 STREET ADDRESS	<b>1511 FOX RUN DR</b>
CITY-ST-ZIP	<b>TARPON SPRGS FL</b>	2.4 CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POZANTIDIS, JAMES</b>	3.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>2308 FOREST DR</b>	3.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	<b>SAME</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VREHOPOULOS, ANASTASIA</b>	4.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>3003 FORECASTLE DR</b>	4.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	<b>SAME</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSTOPOULOS, PAT</b>	5.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>5008 MARLIN DRIVE</b>	5.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	<b>SAME</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZANTOPOULOU, BESSIE</b>	6.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>426 WAYFARER CT</b>	6.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>TARPON SPRGS FL</b>	6.4 CITY-ST-ZIP	<b>SAME</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Theodoridis (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **4-22-96-4972117** (DATE)

CR2E037 (12/95)