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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # No. Corporation Name

N15571

(5)

PONTIAN SOCIETY "PANAGIA SOUMELA" CLEARWATER, IN

Principal Place of Business Malling Address GEORGE THEODORIDIS GEORGE THEODORIDIS 3. Date Incorporated or Qualified 1483 PIERCE ST. 1483 PIERCE ST. 06/23/1986 CLEARWATER FL 34815 CLEARWATER FL 34615 4. FEI Number Applied For 59-2952278 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THEODORIDIS, GEORGE 62 Street Address (P.O. Box Number Is Not Acceptable) 1483 PIEROE STREET 83 **CLEARWATER FL 34615** 84 City Zip Code 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE THEODORIDIS, GEORGE 12 NAME NAME 1483 PIERCE ST STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34615** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ___ Addition Change TITLE 2.1 TITLE PAPADEMITRIOU, TED NAME 2.2 NAME **67**04 N. HAVANA AV. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33614 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 3.1 TITLE SERAFIDIS, MARIA NAME 3.2 NAME 2341 FOREST DR. STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL 34625** 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.5 TITLE NAME **a**lvi, toula 4. 2 NAME 11990 92ND AVE. STREET ADDRESS 4.3 STREET ADDRESS SEMINOLE FL 34619 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE **SEVELEKIDIS, SUZIE** NAME 5.2 NAME 2520 BAYWOOD DR. STREET ADDRESS **5.3 STREET ADDRESS** HOLIDAY FL 34690 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE PARASKEVI, KOSTOPOULOS NAME 6.2 NAME 5008 MARLIN DR. STREET ADDRESS 6.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY - ST-ZIP

14. Thereby 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 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: Comma Shandorill

510-1008 BB-4472117

FILED

May 26 1998 8:00am

Secretary of State

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