


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90187 014 \*\*\*\*61.25

**DOCUMENT # N15571**

1. Entity Name  
**PONTIAN SOCIETY "PANAGIA SOUMELA"**  
**CLEARWATER, INC.**



Principal Place of Business  
**2700 LANDMARK DR**  
**CLEARWATER, FL 33761**

Mailing Address  
**2700 LANDMARK DR**  
**CLEARWATER, FL 33761**



2. Principal Place of Business - No P.O. Box #  
**2308 FOREST DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2308 FOREST DR**  
 Suite, Apt. #, etc.

04162007 Chg-NP CR2E037 (12/06)

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

Zip  
**33763**

Country  
**USA**

Zip  
**33763**

Country  
**USA**

4. FEI Number  
**59-2952278**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**POZANTIDIS, JAMES**  
**2700 LANDMARK DR**  
**CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name  
**JAMES POZANTIDIS**

Street Address (P.O. Box Number is Not Acceptable)  
**2308 FOREST DR**

City  
**CLEARWATER**

FL

Zip Code  
**33763**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PASKALIDIS, SOKNUTUS<br>2700 LANDMARK DR<br>CLEARWATER, FL 33761                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GRIKORIADIS, GIANIS<br>2520 BAYWOOD DR<br>HOLIDAY, FL 34690                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BAKKALAPULO, TINA<br>1651 SAND KEY ESTATES, H1, UNIT 52<br>CLEARWATER, FL 3376 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JAMOULIS, SOTERIA<br>1170 GULF BOULEVARD<br>CLEARWATER, FL 33767                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PETCOV, MARIA<br>1180 LIVE OAK COURT<br>CLEARWATER, FL 34615                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BM<br>ALVEY, TOULA<br>11990 92ND AVE<br>SEMINOLE, FL 34619                           | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/16/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #