

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 12, 2003 8:00 am  
Secretary of State

02-12-2003 90097 015 \*\*\*\*66.25

DOCUMENT # N15571



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

Principal Place of Business  
**2308 FOREST DR.  
CLEARWATER FL 33763**

Mailing Address  
**2308 FOREST DR.  
CLEARWATER FL 33763**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2952278**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**POZANTIDIS, JAMES  
2308 FOREST DR.  
CLEARWATER FL 33763**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**66.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

Change  Addition

TITLE **P**  Delete  
NAME **POZANTIDIS, JAMES**  
STREET ADDRESS **2308 FOREST DR.**  
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **& VP**  Delete  
NAME **TELLY EFFREMIDIS**  
STREET ADDRESS **1810 GREENHILL ST.**  
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **VP**  Change  Addition  
NAME **SOCRATES PASKALIDIS**  
STREET ADDRESS **2700 LANDMARK DR**  
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **V**  Delete  
NAME **EPSILANTIS, COSTAS**  
STREET ADDRESS **3049 FAIRMONT DR.**  
CITY-ST-ZIP **HOLIDAY FL 34625**

TITLE \_\_\_\_\_  Change  Addition  
NAME **TINA BAKKALOPOULOU**  
STREET ADDRESS **3003 BOLT DR.**  
CITY-ST-ZIP **PALM HARBOR FL 34619**

TITLE **D**  Delete  
NAME **ZANTOPOULOS, BESSIE**  
STREET ADDRESS **300 S. FLORIDA AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE \_\_\_\_\_  Change  Addition  
NAME **TREAS SOULA SIMOULIS**  
STREET ADDRESS **1170 GOLF BLV**  
CITY-ST-ZIP **CLEARWATER FL. 33767**

TITLE **D**  Delete  
NAME **MAUROMATIS, NICK**  
STREET ADDRESS **1756 LINWOOD CIRCLE**  
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE \_\_\_\_\_  Change  Addition  
NAME **MARIA PETCOV**  
STREET ADDRESS **1180 LIVEOAK COURT**  
CITY-ST-ZIP **CLEARWATER FL. 34615**

TITLE **BM**  Delete  
NAME **ALOI, TONLA**  
STREET ADDRESS **11990 92ND AVE**  
CITY-ST-ZIP **SEMINOLE FL 34619**

TITLE \_\_\_\_\_  Change  Addition  
NAME **SUZIE JEVELEKIDIS**  
STREET ADDRESS **2520 BAYWOOD DRIVE**  
CITY-ST-ZIP **HOLIDAY, FL 34688**

12. I hereby 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 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: **SIGNATURE REQUIRED**

Date **2/5/03** Daytime Phone # **727 734 4187**

CR2E037 (10/02)