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Feb 13, 1999 8:00am  
Secretary of State

02-13-1999 90012 018 \*\*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005052

1. Corporation Name

AGIOS PANTELEIMON, INC., KALYMNIAN SOCIETY

Principal Place of Business

42 MORGAN STREET  
TARPON SPRINGS FL 34689

Mailing Address

42 MORGAN STREET  
TARPON SPRINGS FL 34689



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3471463

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

9. Name and Address of Current Registered Agent

SADOF, RICK W  
2623 MCCORMICK DRIVE  
SUITE 105  
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALAHOUZOS, CHRISTOSTOMOS	
STREET ADDRESS	1028 HAMILTON	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KLIMIS, JIM	
STREET ADDRESS	1313 BELCHER DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	POULLAS, MARIA	
STREET ADDRESS	909 PENINSULA DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SAROUKOS, MARGARET	
STREET ADDRESS	1288 HILLSIDE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STILIANOS, IRENE	
STREET ADDRESS	314 BATH ST.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALIKANTZAROS, IRENE	
STREET ADDRESS	3136 PINON DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/99 727-945-0348