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FILED
Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005052 (2)**

1. Corporation Name

AGIOS PANTELEMON, INC., KALYMNIAN SOCIETY

Principal Place of Business

Mailing Address

**42 MORGAN STREET
TARPON SPRINGS FL 34689**

**42 MORGAN STREET
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**SADORF, RICK W
2623 MCCORMICK DRIVE
SUITE 105
CLEARWATER FL 33759**

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** ☐ DELETE

NAME **ALAHOUZOS, CHRISTOSTOMOS**
STREET ADDRESS **1026 HAMILTON**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **DV** ☐ DELETE

NAME **KLIMIS, JIM**
STREET ADDRESS **1313 BELCHER DR.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **DS** ☐ DELETE

NAME **POULLAS, MARIA**
STREET ADDRESS **909 PENINSULA DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **DT** ☐ DELETE

NAME **SAROUKOS, MARGARET**
STREET ADDRESS **1288 HILLSIDE DR.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ DELETE

NAME **STILIANOS, IRENE**
STREET ADDRESS **314 BATH ST.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE: *Christostomos Alahouzos* 2-5-98 945-0348

CR2E037 (10/97)