

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745279 (0)

1. Corporation Name

LACONIAN SOCIETY OF TAMPA BAY, INC.

FILED

95 FEB 17 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 4614
CLEARWATER FL 34618

Mailing Address

P.O. BOX 4614
CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1978	3a. Date of Last Report 02/14/1994
4. FEI Number 59-2209142	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

CONNELL, PETER W
440 S. GULFVIEW BLVD. APT 1802N
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TSOHONIS, PERRY	1.2 NAME	TERRY TSAFATINOS
STREET ADDRESS	5960 102ND AVE	1.3 STREET ADDRESS	607 SNUG ISLAND
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	CLEARWATER FL. 34630
TITLE	TD	2.1 TITLE	
NAME	ANGELOU, GUS	2.2 NAME	
STREET ADDRESS	1309 WILLIAMS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	SHERWOOD, HARRIET P	3.2 NAME	HARRIET TSETSEKAS
STREET ADDRESS	2930 DEER RUN NORTH	3.3 STREET ADDRESS	400 ISLAND WAY #1604
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER FL. 34630
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gus Angelou GUS ANGELOU

2/6/95

813-286-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)