SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:45

DOCUMENT # 755355 (5)

1. Corporation Name
ORANGE BLOSSOM CHAPTER OF PANCRETAN ASSOCIATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
1821 CURLEW RD PALM HARBOR FL 34683	1821 CURLEW RD PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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 ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BOUTZOUKAS, MICHAEL E
SUITE 400 NORTH
100 2ND AVENUE SOUTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

61 Name: Michael E. Boutzoukas
62 Street Address (P.O. Box Number is Not Acceptable): 1525 Burnham Ln
63
64 City: Dunedon FL 65 Zip Code: 34698

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: Michael E. Boutzoukas 6/8/95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President / Dir	☑ Change ☐ Addition
NAME	KOKOLAKIS, JOHN	12 NAME	George Pallas	
STREET ADDRESS	103 BUENA VISTA DR	13 STREET ADDRESS	158 Burnham Ln	
CITY-ST-ZIP	DUNEDIN FL	14 CITY-ST-ZIP	Dunedin, FL	
TITLE	VD	21 TITLE	Vice-President	☑ Change ☐ Addition
NAME	VLAMAKIS, MICHAEL	22 NAME	James Boutzoukas	
STREET ADDRESS	1526 VIRGINIA LN	23 STREET ADDRESS	1675 Country Lane	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	Dunedin, FL. 34698	
TITLE	SD	31 TITLE	Secretary / Dir	☑ Change ☐ Addition
NAME	MOUNTRAKES, ALEKA	32 NAME	Peggy Kokolakis	
STREET ADDRESS	1338 MANDARIN DR	33 STREET ADDRESS	103 Buena Vista Dr.	
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	TD	41 TITLE	Treasurer / Dir.	☑ Change ☐ Addition
NAME	STERGIOS, BENNIS	42 NAME	Mary (Mastrokalos) MASTRAS	
STREET ADDRESS	3639 MADISON	43 STREET ADDRESS	1821 Curlew Rd.	
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP	Palm Harbor, FL 3468	
TITLE	D	51 TITLE	Director	☑ Change ☐ Addition
NAME	KLIDIS, ANTHONY	52 NAME	Joseph Kokolakis	
STREET ADDRESS	3136 CARLOS DR	53 STREET ADDRESS	676 Mandalay Av	
CITY-ST-ZIP	DUNEDIN FL	54 CITY-ST-ZIP	Clearwater, FL 34630	
TITLE	D	61 TITLE	Director	☑ Change ☐ Addition
NAME	PALLAS, TESSIE	62 NAME	Dr Eleftherios Zervos	
STREET ADDRESS	1580 BURNHAM LN	63 STREET ADDRESS	115 Mira Vista Dr.	
CITY-ST-ZIP	DUNEDIN FL	64 CITY-ST-ZIP	Dunedin, FL 34698	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Pallas George Pallas, President 6/8/95 813-733-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0012812