# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # 755355 (5)

1. Corporation Name

**ORANGE BLOSSOM CHAPTER OF PANCRETAN ASSOCIATION OF AMERICA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1821 CURLEW RD<br>PALM HARBOR FL 34683 | 1821 CURLEW RD<br>PALM HARBOR FL 34683 |

3. Date Incorporated or Qualified: 12/02/1980
3a. Date of Last Report: 06/15/1995

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:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

~~BOUTSOUKA, MICHAEL E~~
~~1525 BURNHAM LANE~~
~~100 2ND AVENUE SOUTH~~
~~SUNEDIN FL 34698~~

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

81 Name: MICHAEL E. BOUTZOUKAS
82 Street Address (P.O. Box Number is Not Acceptable): 704 WEST BAY STREET
83
84 City: Tampa FL 85 Zip Code: 33606

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 1/16/96
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 GEORGE | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | PALLAS, ~~GEROGE~~ | | 12 NAME | | |
| STREET ADDRESS | 158 BURNHAM LANE | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | DUNEDIN FL | | 14 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BOUTZOUKAS, JAMES | | 22 NAME | | |
| STREET ADDRESS | 1675 COUNTRY LANE | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNEDIN FL | | 24 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | KOKOLAKIS, PEGGY | | 32 NAME | | |
| STREET ADDRESS | 103 BUENA VISTA DR | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | DUNEDIN FL | | 34 CITY-ST-ZIP | | |
| TITLE | TD MASTRAS | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~MASTROKALOS~~, MARY N. | | 42 NAME | | |
| STREET ADDRESS | 1821 CURLEW RD | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM HARBOR FL | | 44 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | KOKOLAKIS, JOHN | | 52 NAME | | |
| STREET ADDRESS | 676 MANDALAY AVE | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | | 54 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | ZERVOS, DR ELEFTHERIOS | | 62 NAME | | |
| STREET ADDRESS | 115 MIRA CISTA DR | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | DUNEDIN FL | | 64 CITY-ST-ZIP | | |

CR2E037 (12/95)

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)(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:** George Pallas 1/21/96 (813)733-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #