FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 03 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 12/02/1980

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) Country (25) / Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

BOUTZOUKAS, MICHAEL E.
704 W BAY STREET
TAMPA FL 33606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PENTZAKIS, ANTHONY		1.2 NAME	
STREET ADDRESS	1821 CURLEW RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOUTZOUKAS, JAMES		2.2 NAME	
STREET ADDRESS	1675 COUNTRY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNEDIN FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOKOLAKIS, PEGGY		3.2 NAME	
STREET ADDRESS	103 BUENA VISTA DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MASTRAS, MARY N.		4.2 NAME	
STREET ADDRESS	1821 CURLEW RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PALLAS, JAMES		5.2 NAME	
STREET ADDRESS	1821 CURLEW RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ZERVOS, DR ELEFTHERIOS		6.2 NAME	
STREET ADDRESS	115 MIRA CISTA DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: PEGGY KOKOLAKIS SIGNATURE REQUIRED Peggy Kokolakis 1-7-98 787-6498
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