

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90037 045 \*\*\*\*61.25

|                                                                                                |  |                                                                                   |                                                           |                                                                                                                 |  |
|------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>                            |  |  |                                                           | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 755355</b>                                                                       |  |                                                                                   |                                                           |                                                                                                                 |  |
| 1. Corporation Name<br><b>ORANGE BLOSSOM CHAPTER OF PANCRETAN ASSOCIATION OF AMERICA, INC.</b> |  |                                                                                   |                                                           |                                                                                                                 |  |
| Principal Place of Business<br>1821 CURLEW RD<br>PALM HARBOR FL 34683                          |  |                                                                                   | Mailing Address<br>1821 CURLEW RD<br>PALM HARBOR FL 34683 |                                                                                                                 |  |



|                                                              |  |                     |  |                                                                                          |  |
|--------------------------------------------------------------|--|---------------------|--|------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business                               |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                        |  |
| 21                                                           |  | 26                  |  | 12/02/1980                                                                               |  |
| Suite, Apt. #, etc.                                          |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                            |  |
| 22                                                           |  | 27                  |  | NOT APPLICABLE                                                                           |  |
| City & State                                                 |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23                                                           |  | 28                  |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| Zip                                                          |  | Country             |  | 29                                                                                       |  |
| 24                                                           |  | 30                  |  | 30                                                                                       |  |
| 9. Name and Address of Current Registered Agent              |  |                     |  | 10. Name and Address of New Registered Agent                                             |  |
| BOUTZOUKAS, MICHAEL E.<br>704 W BAY STREET<br>TAMPA FL 33606 |  |                     |  | 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 Michael E. Boutzoukas (NOTE: Registered Agent signature required when reinstating) DATE 1/15/99

| 12. OFFICERS AND DIRECTORS |                        |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |                                            |                                   |
|----------------------------|------------------------|--------------------------------------------|--|-------------------------------------------------------|-----------------------|--------------------------------------------|-----------------------------------|
| TITLE                      | PD                     | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE                                             | Pres.                 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PENTZAKIS, ANTHONY     |                                            |  | 1.2 NAME                                              | Manuel Kastrenakes    |                                            |                                   |
| STREET ADDRESS             | 1821 CURLEW RD         |                                            |  | 1.3 STREET ADDRESS                                    | 1821 Curlew Rd.       |                                            |                                   |
| CITY-ST-ZIP                | PALM HARBOR FL         |                                            |  | 1.4 CITY-ST-ZIP                                       | Palm Harbor, FL 34683 |                                            |                                   |
| TITLE                      | VP                     | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE                                             | Vice Pres             | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | BOUTZOUKAS, JAMES      |                                            |  | 2.2 NAME                                              | Andreas Terezakis     |                                            |                                   |
| STREET ADDRESS             | 1675 COUNTRY LANE      |                                            |  | 2.3 STREET ADDRESS                                    | 1821 Curlew Rd.       |                                            |                                   |
| CITY-ST-ZIP                | DUNEDIN FL             |                                            |  | 2.4 CITY-ST-ZIP                                       | Palm Harbor FL 34683  |                                            |                                   |
| TITLE                      | SD                     | <input checked="" type="checkbox"/> DELETE |  | 3.1 TITLE                                             | Secretary             | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | KOKOLAKIS, PEGGY       |                                            |  | 3.2 NAME                                              | Michael Kourmylakis   |                                            |                                   |
| STREET ADDRESS             | 103 BUENA VISTA DR     |                                            |  | 3.3 STREET ADDRESS                                    | 1821 Curlew Rd        |                                            |                                   |
| CITY-ST-ZIP                | DUNEDIN FL             |                                            |  | 3.4 CITY-ST-ZIP                                       | Palm Harbor, FL 34683 |                                            |                                   |
| TITLE                      | TD                     | <input type="checkbox"/> DELETE            |  | 4.1 TITLE                                             |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> 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                      | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE                                             | Director              | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PALLAS, JAMES          |                                            |  | 5.2 NAME                                              | Tessie Pallas         |                                            |                                   |
| STREET ADDRESS             | 1821 CURLEW RD         |                                            |  | 5.3 STREET ADDRESS                                    | 1821 Curlew Rd        |                                            |                                   |
| CITY-ST-ZIP                | PALM HARBOR FL         |                                            |  | 5.4 CITY-ST-ZIP                                       | Palm Harbor, FL 34683 |                                            |                                   |
| TITLE                      | D                      | <input checked="" type="checkbox"/> DELETE |  | 6.1 TITLE                                             | Director              | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ZERVOS, DR ELEFTHERIOS |                                            |  | 6.2 NAME                                              | Peggy Kokolakis       |                                            |                                   |
| STREET ADDRESS             | 115 MIRA GISTA DR      |                                            |  | 6.3 STREET ADDRESS                                    | 1821 Curlew Rd        |                                            |                                   |
| CITY-ST-ZIP                | DUNEDIN FL             |                                            |  | 6.4 CITY-ST-ZIP                                       | Palm Harbor, FL 34683 |                                            |                                   |

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael E. Boutzoukas 1/15/99 (813) 937-1324

CR2E037 (11/98)