

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-04-2008 90026 017 ****61.25

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1. Entity Name

THE ST. PHOTIOS FOUNDATION, INC.



Principal Place of Business

41 ST GEORGE STREET
ST AUGUSTINE, FL 32085 US

Mailing Address

P.O. BOX 1960
ST AUGUSTINE, FL 32085 US

66008012



04232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2113581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILLIER, POLEXENI
41 ST. GEORGE STREET
ST. AUGUSTINE, FL 32084

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HILLIER, POLEXENI
STREET ADDRESS 41 ST GEORGE STREET
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE T
NAME CARANTZAS, MARIA
STREET ADDRESS 1104 HOLLY LN
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VD
NAME CAVALARIS, HARRY
STREET ADDRESS 334 SETTLERS LN
CITY-ST-ZIP CHARLOTTE, NC 28202

TITLE SD
NAME MEGAS, ANTHONY
STREET ADDRESS 5416 SPRING BROOK RD
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Polexeni M. Hillier, Dir. (POLEXENI M. HILLIER)
DIRECTOR

4/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #