

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90213 007 \*\*\*\*61.25

**DOCUMENT # 762732**

1. Entity Name  
**THE MICHAEL G. CANTONIS FOUNDATION, INC.**



Principal Place of Business

855 E. PINE ST.  
P.O. BOX 338  
TARPON SPRINGS, FL 34688-7338

Mailing Address

855 E. PINE ST.  
P.O. BOX 338  
TARPON SPRINGS, FL 34688-7338

00010044



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2214565**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CANTONIS, GEORGE M.  
855 EAST PINE STREET  
TARPON SPRINGS, FL 34689

**DO NOT WRITE  
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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CANTONIS, MICHAEL G.
STREET ADDRESS	1650 SEABREEZE DR.
CITY - ST - ZIP	TARPON SPRINGS, FL
TITLE	STD
NAME	CANTONIS, ANASTASIA H.
STREET ADDRESS	1650 SEABREEZE DR.
CITY - ST - ZIP	TARPON SPRINGS, FL
TITLE	VD
NAME	CANTONIS, GEORGE M.
STREET ADDRESS	205 BAYVIEW DR.
CITY - ST - ZIP	BELLEAIR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #