


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 762732 1. Entity Name THE MICHAEL G. CANTONIS FOUNDATION, INC.	
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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
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2214565	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CANTONIS, GEORGE M. 855 EAST PINE STREET TARPN SPRINGS, FL 34689
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**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

U000000389993
01/23/06-80007-016 61.25

**DO NOT WRITE
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06
Date

(727) 937-3222
Daytime Phone #