


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 762732</b>		
1. Entity Name <b>THE MICHAEL G. CANTONIS FOUNDATION, INC.</b>		
Principal Place of Business <b>855 E. PINE ST. P.O. BOX 338 TARPON SPRINGS, FL 34688-7338</b>	Mailing Address <b>855 E. PINE ST. P.O. BOX 338 TARPON SPRINGS, FL 34688-7338</b>	



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2214565</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CANTONIS, GEORGE M. 855 EAST PINE STREET TARPN SPRINGS, FL 34689</b>
--

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000694810  
04/17/07-80032-015 61.25

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	

**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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael G. Cantonis President* **4-3-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date