


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 012 ****66.25

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																																																																																																																		
2. Principal Place of Business - No P.O. Box # <i>9000</i>		3. Mailing Address <i>5000</i>																																																																																																																			
Suite, Apt. #, etc. <i>1</i>		Suite, Apt. #, etc. <i>0</i>																																																																																																																			
City & State <i>1</i>		City & State <i>5</i>		4. FEI Number 59-2214565																																																																																																																	
Zip <i>34688</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																	
6. Name and Address of Current Registered Agent CANTONIS, GEORGE M. 855 EAST PINE STREET TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANTONIS, MICHAEL G.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1650 SEABREEZE DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TARPON SPRINGS, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANTONIS, ANASTASIA H.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1650 SEABREEZE DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TARPON SPRINGS, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANTONIS, GEORGE M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>205 BAYVIEW DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BELLEAIR, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO Box 7</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TARPON SPRINGS, FL 34688-0007</td> </tr> <tr> <td>TITLE</td> <td>[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO Box 7</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TARPON SPRINGS, FL 34688-0007</td> </tr> <tr> <td>TITLE</td> <td>[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO Box 338</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TARPON SPRINGS, FL 34688-0338</td> </tr> <tr> <td>TITLE</td> <td>[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	CANTONIS, MICHAEL G.		STREET ADDRESS	1650 SEABREEZE DR.		CITY - ST - ZIP	TARPON SPRINGS, FL		TITLE	STD	<input type="checkbox"/> Delete	NAME	CANTONIS, ANASTASIA H.		STREET ADDRESS	1650 SEABREEZE DR.		CITY - ST - ZIP	TARPON SPRINGS, FL		TITLE	VD	<input type="checkbox"/> Delete	NAME	CANTONIS, GEORGE M.		STREET ADDRESS	205 BAYVIEW DR.		CITY - ST - ZIP	BELLEAIR, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/>	NAME		STREET ADDRESS	PO Box 7	CITY - ST - ZIP	TARPON SPRINGS, FL 34688-0007	TITLE	[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/>	NAME		STREET ADDRESS	PO Box 7	CITY - ST - ZIP	TARPON SPRINGS, FL 34688-0007	TITLE	[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/>	NAME		STREET ADDRESS	PO Box 338	CITY - ST - ZIP	TARPON SPRINGS, FL 34688-0338	TITLE	[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE	[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																			
NAME	CANTONIS, MICHAEL G.																																																																																																																				
STREET ADDRESS	1650 SEABREEZE DR.																																																																																																																				
CITY - ST - ZIP	TARPON SPRINGS, FL																																																																																																																				
TITLE	STD	<input type="checkbox"/> Delete																																																																																																																			
NAME	CANTONIS, ANASTASIA H.																																																																																																																				
STREET ADDRESS	1650 SEABREEZE DR.																																																																																																																				
CITY - ST - ZIP	TARPON SPRINGS, FL																																																																																																																				
TITLE	VD	<input type="checkbox"/> Delete																																																																																																																			
NAME	CANTONIS, GEORGE M.																																																																																																																				
STREET ADDRESS	205 BAYVIEW DR.																																																																																																																				
CITY - ST - ZIP	BELLEAIR, FL																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																			
NAME																																																																																																																					
STREET ADDRESS																																																																																																																					
CITY - ST - ZIP																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																			
NAME																																																																																																																					
STREET ADDRESS																																																																																																																					
CITY - ST - ZIP																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																			
NAME																																																																																																																					
STREET ADDRESS																																																																																																																					
CITY - ST - ZIP																																																																																																																					
TITLE	[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/>																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS	PO Box 7																																																																																																																				
CITY - ST - ZIP	TARPON SPRINGS, FL 34688-0007																																																																																																																				
TITLE	[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/>																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS	PO Box 7																																																																																																																				
CITY - ST - ZIP	TARPON SPRINGS, FL 34688-0007																																																																																																																				
TITLE	[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/>																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS	PO Box 338																																																																																																																				
CITY - ST - ZIP	TARPON SPRINGS, FL 34688-0338																																																																																																																				
TITLE	[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS																																																																																																																					
CITY - ST - ZIP																																																																																																																					
TITLE	[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS																																																																																																																					
CITY - ST - ZIP																																																																																																																					
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: <i>Michael G. Cantonis</i> 4-26-08 <i>928 900 07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																					