FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

FILED Mar 13 1998 8:00am Secretary of State

DOCUMENT # 1. Corporation Name	763033).	
The IONIAN	Islands	SUCIETY OF FLORIDA, I	10

Principal Place of Business

2. Principal Place of Business

SOTIRIS

27873

Suite, Apt. #, etc.

21

22

23

TITLE

EPTANISOS CHAPTER
siness Mailing Address 5053 FLORA AVE

5053 FWRA

2a. Mailing Address

Suite, Apt. #, etc.

3. Date Incorporated or Qualified HOLIDAY, FL 34690

4. FEI Number	Applied For	
59-2961203		Not Applicable
5. Certificate of Status Desired	×	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a h	omeowne	rs association?

City & State City & State HOLIDA Zip Country 29 34**6**90 24 25 9. Name and Address of Current Registered Agent

> AGELATOS U.S.19 NORTH

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes

	TOT THE POST OF TH						
61							
	ANDRIANA ELIADES						
82	Street Address (P.O. Box Number is Not Acceptable)						
	5053 FLORA AVE						
83							

CLEARWATER, FL 34621 HOLIDAY

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	ANDRIANA ELIADES PRES	DENT	1 June 7 Jules MAR 10, 1998
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE; I OFFICERS AND DIRECTORS		e required when reinstating) DATE
	T	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President DELETE	1.1 TITLE	DP Addition
NAME	Sotinis Agelatos 11	1.2 NAME	Andriana Eliades
STREET ADDRESS	Soline udsigned	1.3 STREET ADDRESS	5053 Flora Ave
CITY-ST-ZIP	Clearwater FL 34621	1.4 CłTY - ST - ZIP	Holidan FL 34690
TITLE	₩ DELETE	2.1 TITLE	D IST V3 MS Change Addition
NAME	John Evangelatos	22 NAME	Tom Drakatos
STREET ADDRESS	69.58 30 31 AVE 7	2.3 STREET ADDRESS	5604 Baroque DR
CITY-ST-ZIP	chearwater Ed. 34621	2. 4 CITY-ST-ZIP	Holidan, FL 34690
TITLE		3.1 TITLE	D 3 red V 3 Addition
NAME	DT Alex Galiatsates	3.2 NAME	Evangelos, mesants
STREET ADDRESS	2141 Andrews Ct	3.3 STREET ADDRESS	2527 Filderest CT
CITY-ST-ZIP	Dunedin, Fl 34698	3.4. CITY - ST- ZIP	1741:4
TITLE	DELETE	4.1 TITLE	DS 40000245598Change Addition
NAME	DS Angelies Angelatos	4. 2 NAME	Cerrae -03/13/9801057033
STREET ADDRESS	27873 US 19 Nouth	4.3 STREET ADDRESS	1453 COTONE AVE
CITY-ST-ZIP	Clearwoler, Fl 34621	4.4 CITY-ST-ZIP	Clearwater FL 34625
TITLE	/ Not not see	5.1 TITLE	D T Change ☐ Addition
NAME	D. Pat Paxinos	5.2 NAME	Eva Drakatos LS
CTRECT ADDRESS	2177 Santa Paula De		

6.1 TITLE NAME 6.2 NAME

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP