FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763032

1. Corporation Name

THE IONIAN ISLANDS SOCIETY OF FLORIDA, INC., EPT ANISOS CHAPTER

Principal Place of Business

Mailing Address

5053 FLORIA AVENUE HOLIDAY I'L 34690 5053 FLORA AVENUE HOLIDAY FL 34690

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90182 004 ****70.00

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2. Principal I	2a. Mailing Address	Address			3. Date Incorporated or Qualifed		
21		26				04/28/1982	
			ilte, Apt. #, etc.			4. FEI Number Applied For	
22		27				59-2961203 Not Applicable	
City & Sta	te	City & State				5. Certificate of Status Desired \$8.75 Additional	
23		28				Fee Required	
Zip	Country	Zip	Cou	untry		6. Election Campaign Financing \$5.00 May Be	
24	25	29	30			Trust Fund Contribution Added to Fees	
Name and Address of Current Registered Agent				ļ.,	10. Name and Address of New Registered Agent		
Ì				81 Name			
ELIADESS, ANDRIANA				82 Street Address (P.O. Box Number is Not Acceptable)			
5053 FLORA AVE.							
HOLIDAY FL 34690				83			
	. 2 - 1000	•		84	Cib	as 7in Code	
				64	City	FL 85 Zip Code	
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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTI:: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 T	ITLE		☐ Change ☐ Addition	
NAME	ELIADES, ANDRIANA		12 N	AME			
STREET ADDRESS	5053 FLORA AVE		1.3 \$	TREET	ADDRESS	Ì	
CITY-ST-ZIP	HOLIDAY FL 3469()		1.4 C	ITY-ST	-ZIP		
îme	1VD	☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition	
NAME	DRAKATOS, TOM		2.2 N	AME		Ì	
STREET ADDRESS			2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34690		2.40	CITY-ST	r-ZIP		
TITLE				3.1 TITLE		☐ Change ☐ Addition	
NAME	MESAMS, EVANGELOS		3.2 N	AME	1		
STREET ADDRESS			3.3 5	TREET	ADORESS	· ·	
CITY-ST-ZIP	HOLIDAY FL 34691			ITY-SI	r. 7IP		
TITLE	DS	☐ DELETE	4.1 TI		-	Susie. Delaportalion 1439 Coburn DR Tarpon Springs Fel 34689 Change Addition	
NAME	PIERATOS, GEORGE		4.21	AME.]	30 314 Newsportas	
STREET ADDRES	145 CORONA AVE				ADDRESS	1439 COBURN'DR	
CITY-ST-ZIP	CLEARWATER FL 94625		- 1	ITY-ST	-7IP +	To 2000 Carinos CD 34689	
TITLE	DT	☐ DELETE	5.1 TI		 +	☐ Change ☐ Addition	
NAME	DRAKATOS. EVA		5.2 N		1	. 4	
STREET ADORESS	1053 GROUND BLVD.		5.3 8	TREET	ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34690			ITY-ST			
TITLE	D	☐ DELETE	6.1 TI			☐ Change ☐ Addition	
NAME	NIFORATOS, ANDREAS		6.2 N	AME	-		
STREET ADDRESS	409 DAVID CT.				ADDRESS		
			1	TY-ST			
CITY-ST-ZIP	PALM HARBOR FL 34684		0.40	11-01	- <u>-</u> 17	İ	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(\$)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrural 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 317, Florida Statutes; and that my name appears in Block 12 or Block 13 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

April - 26-99-727-934-7841

CR2E037 (11/98