2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2005 08:00 AM Secretary of State DOCUMENT # 767686 1. Entity Name CRETAN ASSOCIATION OF PALM BEACH-CRETAN VOICE, INC. Principal Place of Business ___ Mailing Address 110 SOUTHERN BLVD 110 SOUTHERN BLVD. W PALM BCH FL 33405 W PALM BCH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 23-7208073 Not Applicable Zip Country Ζĺρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPILLIAS, KENNETH G. Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVE W PALM BCH FL 33401 Zip Code FL 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 epplicable (NOTE Registered Agen) signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 SD THLE Delete TOTAL ☐ Change Addition SOPHINOS, DIONISIA NAME NAME 338 BAYBERRY DRIVE STREET ADDRESS CIREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP CITY-ST-7IP PD TITLE Delete ☐ Change Addition PLEVRAKIS, NICK NAME NAME 223 MARYLAND DRIVE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CLEY-ST-ZIP VD TITLE ☐ Defete TITLE ☐ Change Addition Addition ESOPAKIS, IOANNA U000003554**98** 252 CORTEZ ROAD STREET ADDRESS STREET ADDRESS 05/03/05-80150-001 61.25 WEST PALM BEACH FL 33405 CiTY-ST-7iP CHY-ST-ZIP HILL ☐ Delete THE Change Taranga 🗖 🖹 MANOLIS, ELENI NAME NAME 2908 47TH AVE SOUTH STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CHY-SI-7P 🗆 Delele TITLE TITLE Change Additto NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-7IP JULE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone 8