

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90037 017 \*\*\*\*70.00

**DOCUMENT # 769457**

1. Entity Name

CHIOS SOCIETY AGIA MARKELLA OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 0074  
TARPON SPRINGS FL 34688-0074

Mailing Address

P.O. BOX 0074  
TARPON SPRINGS FL 34688-0074

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

☐ No Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EURIPIDES TSAPRAZIS  
644 ISLAND WY #608  
CLEARWATER FL 33767

Name

BETTY B. HAYES

Street Address (P.O. Box Number is Not Acceptable)

3707 CANTRELL ST

City

NEW PORT RICHEY

FL

Zip Code

34652

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 *Betty B. Hayes*  
*Betty B. Hayes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GEORGILIS, JOHN ☐ Delete  
STREET ADDRESS 633 N. MAYO  
CITY-ST-ZIP CRYSTAL BEACH FL 34681

TITLE V  
NAME HAYES, BETTY ☐ Delete  
STREET ADDRESS 3707 CANTRELL ST  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE T ☒ Delete  
NAME TSAPRAZIS, HELEN  
STREET ADDRESS 644 ISLAND WAY #608  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE SD ☐ Delete  
NAME BATIDES, THERESA  
STREET ADDRESS 1372 OVERLEA DR  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE SD ☒ Delete  
NAME KOUIMANIS, DESPINA  
STREET ADDRESS 210 BAY ARBOR BLVD  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE C ☒ Delete  
NAME TSAPRAZIS, EURIPIDES  
STREET ADDRESS 644 ISLAND WAY #608  
CITY-ST-ZIP CLEARWATER FL 33767

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD- BETTY HAYES ☒ Change ☐ Addition  
NAME 3707 CANTRELL ST.  
STREET ADDRESS NEW PORT RICHEY, FL.  
CITY-ST-ZIP 34652

TITLE VP- TULIA TSACOS ☒ Change ☐ Addition  
NAME 1419 TALLAHASSEE DR.  
STREET ADDRESS TARPON SPRINGS, FL 34699  
CITY-ST-ZIP

TITLE ES- MARY POMEROY ☒ Change ☐ Addition  
NAME 185 WOODCUTTER LANE  
STREET ADDRESS PALM HARBOR FL 34693  
CITY-ST-ZIP

TITLE CS- THERESA BATIDAS ☒ Change ☐ Addition  
NAME 1372 OVERLEA DR.  
STREET ADDRESS DUNEDIN, FL 34698  
CITY-ST-ZIP

TITLE TREASURER- INTERMIN ☒ Change ☐ Addition  
NAME MANOLI IONIDES  
STREET ADDRESS 312 ATHENS ST,  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE C- JOHN GEORGILIS ☒ Change ☐ Addition  
NAME 633 N. MAYO  
STREET ADDRESS CRYSTAL BEACH, FL 34681  
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)(i), 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: *Betty B. Hayes, President*  
*Betty B. Hayes, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727/843-0472