


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

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90069 009 ****66.25

| | |
|---|---|
| DOCUMENT # 769457 |  |
| 1. Entity Name CHIOS SOCIETY AGIA MARKELLA OF FLORIDA, INC. | |

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| Principal Place of Business P.O. BOX 0074 TARPON SPRINGS FL 34688-0074 | Mailing Address P.O. BOX 0074 TARPON SPRINGS FL 34688-0074 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | | |
|---|--|--|
| 4. FEI Number NO-T APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|--|--|--|----------|
| 6. Name and Address of Current Registered Agent HAYES, BETTY B 3707 CANTRELL ST NEW PORT RICHEY FL 34652 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|--|---|---------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|---------------------------------------|--|

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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GEORGILIS, JOHN 633 N. MAYO CRYSTAL BEACH FL 34681 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES. BETTY B HAYES, PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3707 CANTRELL ST. NEW PORT RICHEY FL 34652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HAYES, BETTY <input checked="" type="checkbox"/> Delete 3707 CANTRELL ST NEW PORT RICHEY FL 34652 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TI JIONIDES, MANOLI <input checked="" type="checkbox"/> Delete 312 ATHENS ST TARPON SPRINGS FL 34689 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR. NICK KALAFATIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4440 COUNTY-BREEZE DR NEW PORT RICHEY, FL 34653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS BATIDES, THERESA <input type="checkbox"/> Delete 1372 OVERLEA DR DUNEDIN FL 34698 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TSACOS, TULA <input type="checkbox"/> Delete 1419 TALLAHASSEE DR TARPON SPRINGS FL 34689 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ES PONIROS, MARY <input type="checkbox"/> Delete 185 WOODCUTTER LANE PALM HARBOR FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05

Date

Daytime Phone #