2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State
03-27-2007 90015 039 ****61.25

DOCUMENT # 769457

1. Entity Name

CHIOS SOCIETY AGIA MARKELLA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 0074 TARPON SPRINGS FL 34688-0074	P.O. BOX 0074 TARPON SPRINGS FL 34688-0074

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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 ☐ Not 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
HAYES, BETTY B 3707 CANTRELL ST NEW PORT RICHEY FL 34652	Name COHLIOS, JOANNE Street Address (P.O. Box Number is Not Acceptable) 2900 COVE CAY DR. #2F City CLEARWATER, FL Zip Code 33760

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 Joanne Cohlios 3-14-07
(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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAYES, BETTY B 3707 CANTRELL ST NEW PORT RICHEY FL 34652	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHLIOS, JOANNE 2900 COVE CAY DR. #2F CLEARWATER, FL. 33760	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR KALAFATIS, NICK 4440 COUNTY BREEZE DR NEW PORT RICHEY FL 34653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KALAFATIS, NICK TR. IV 4440 COUNTY BREEZE DR. NEW PORT RICHEY, FL. 34653	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS BATIDES, THERESA 1372 OVERLEA DR DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TSACOS, TULA 1419 TALLAHASSEE DR TARPON SPRINGS FL 34689	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ES PONIROS, MARY 185 WOODCUTTER LANE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Nick Kalafatis - TR. 4-9-07 727-376-2649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #