

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90011 012 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

COHLIDS, JOANNE  
2900 COVE CAY DR. #2F  
CLEARWATER FL 33760

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 and address with reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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 P  
NAME COHLIDS, JOANNE ☒ Delete  
STREET ADDRESS 2900 COVE CAY DR #2F  
CITY- ST- ZIP CLEARWATER FL 33760

TITLE TRV  
NAME KALAFATIS, NICK ☐ Delete  
STREET ADDRESS 4440 COUNTY BREEZE DR  
CITY- ST- ZIP NEW PORT RICHEY FL 34653

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

TITLE ES  
NAME PONIROS, MARY ☐ Delete  
STREET ADDRESS 185 WOODCUTTER LANE  
CITY- ST- ZIP PALM HARBOR FL 34683

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME KALAFATIS, NICK  
STREET ADDRESS 4440 COUNTY BREEZE DR.  
CITY- ST- ZIP NEW PORT RICHEY, FL. 34653

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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* - NICK KALAFATIS

4-1-08

727-376-2649