2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003580

1. Entity Name
THE FRIENDS OF THE HOLY MONASTERIES OF PANAGIA VLAHERNON AND EVANGELISTRIA, INC.

Principal Place of Business	Mailing Address
501 SANIBEL CT TARPON SPRINGS, FL 34689	501 SANIBEL CT TARPON SPRINGS, FL 34689

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07252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3755195

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONSTAS, JOHN
501 SANIBEL CT
TARPON SPRINGS, FL 34689

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEONTARITIS, NICK
STREET ADDRESS	514 DODECANESE BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	CONSTAS, JOHN
STREET ADDRESS	501 SANIBEL CT
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	LAVDAS, KOSTANTINOS
STREET ADDRESS	8099 NW HWY 225A
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/09/05-80002-015 61.25

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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: John Constas 8/6/05 727-934-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #