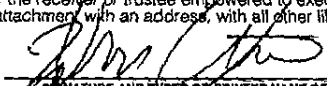


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 501 SANIBEL CT TARPON SPRINGS, FL 34689	Mailing Address 501 SANIBEL CT TARPON SPRINGS, FL 34689	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent CONSTAS, JOHN 501 SANIBEL CT TARPON SPRINGS, FL 34689		DO NOT WRITE IN THIS SPACE
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 _____		
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 NAME STREET ADDRESS CITY - ST - ZIP	D LEONTARITIS, NICK 514 DODECANESE BLVD TARPON SPRINGS, FL 34689	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONSTAS, JOHN 501 SANIBEL CT TARPON SPRINGS, FL 34689	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAVDAS, KOSTANTINOS 8099 NW HWY 225A OCALA, FL 34482	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  JOHN CONSTAS Aug 6-05 722-934-2133 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



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	

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08/09/05-80002-015 61.25

**DO NOT WRITE
IN THIS SPACE**