

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/16/09 09 MAY 18 PM 3:08

400156109144  
05/18/09--01006--021 \*\*61.25



02102008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-1481248** 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

SEVASTOS, STILIANOS  
2924 SUMMERVAL DRIVE  
HOLIDAY, FL 34691

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

Filing 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	<input type="checkbox"/> Delete
NAME	SEVASTOS, STILIANOS	
STREET ADDRESS	2924 SUMMERVAL DRIVE	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHARLES, SABOS	
STREET ADDRESS	1115 NORMANDY	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	SEVASTOS, DIMITRIOS	
STREET ADDRESS	2924 SUMMERVAL DRIVE	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GEORGE MARKAKOS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	670 Island Way #902 (TOWER)	
STREET ADDRESS	Clearwater FL 33767	
CITY-ST-ZIP		
TITLE	STRATIGOS SPIROS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	200 S. WILTON, AV #33	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY-ST-ZIP		
TITLE	ANASTASIOS KOSSIFIDIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1435 RIVERSIDE DR. (SEC)	
STREET ADDRESS	TARPON SPRINGS, FL 34689	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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 612, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stilianos Sevastos  
President

5-22-09