

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25920** (2)

1. Corporation Name

PANCYPRIAN ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

2140 DREW ST.
CLEARWATER FL 34625

2140 DREW ST.
CLEARWATER FL 34625

3. Date Incorporated or Qualified 04/14/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2892691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONSTANTINOU, DINO
2140 DREW ST., SUITE F
CLEARWATER FL 34625

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	TARROU, JAMES
STREET ADDRESS	2133 DREW ST
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CONSTANTINOU, DINO
STREET ADDRESS	2129 DREW STREET
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	POUMAKIS, LEMONMIA
STREET ADDRESS	1070 MCLEAN
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	DT <input type="checkbox"/> DELETE
NAME	PIERRI, THELMA
STREET ADDRESS	4928 MARLYN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	LAKIS PISSOURIOS ADD
STREET ADDRESS	3916 LITTLE EGRET COURT
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	DIRECTOR <input type="checkbox"/> DELETE ADD
NAME	LAKIS PISSOURIOS
STREET ADDRESS	COSTAS PAPACOSTANTINOU
CITY-ST-ZIP	8417 N. ARMENIA AVE 738 TAMPA FL 33634

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	COSTAS Katsourides <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1320 GLENDALE DR DIRECTOR
1.3 STREET ADDRESS	DUNEDIN, FL 34698
1.4 CITY-ST-ZIP	
2.1 TITLE	MARIO Constantinou <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1681 SPARKLING CT. 1st V.P.
2.3 STREET ADDRESS	DUNEDIN, FL 34698
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR, 2nd V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE KYRIACOU
3.3 STREET ADDRESS	1381 GLENDALE DR
3.4 CITY-ST-ZIP	DUNEDIN, FL 34698
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHRIS Christopher
4.3 STREET ADDRESS	8743 BAYWOOD PARK DR
4.4 CITY-ST-ZIP	SEMINOLE FL 34647
5.1 TITLE	Secy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SOULA CHRISTOPHER
5.3 STREET ADDRESS	8743 BAYWOOD PARK DR
5.4 CITY-ST-ZIP	SEMINOLE FL 34647
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHRIS NICOLAOU
6.3 STREET ADDRESS	8002 BASTLIGH CT
6.4 CITY-ST-ZIP	TAMPA, FL 33617

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James Jarron - President, Director 2/17/96** 813-461-7019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)