

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

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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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	COSTAS Katsourides <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARROU, JAMES	1.2 NAME	1320 GLENDALE DR
STREET ADDRESS	2133 DREW ST	1.3 STREET ADDRESS	DUNEDIN, FL 34698
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	MARIO Constantinou <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSTANTINOU, DINO	2.2 NAME	1681 SPARKLING CT.
STREET ADDRESS	2129 DREW STREET	2.3 STREET ADDRESS	DUNEDIN, FL 34698
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR, 2nd V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POUMAKIS, LEMONMIA	3.2 NAME	MIKE KYRIACOU
STREET ADDRESS	1070 MCLEAN	3.3 STREET ADDRESS	1381 GLENDALE DR
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRI, THELMA	4.2 NAME	CHRIS Christopher
STREET ADDRESS	4928 MARLYN DR.	4.3 STREET ADDRESS	8743 BAYWOOD PARK DR
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	SEMINOLE FL 34647
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	Secy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKIS Pissourios ADD	5.2 NAME	SOULA CHRISTOPHER
STREET ADDRESS	3916 LITTLE EGRET COURT	5.3 STREET ADDRESS	8743 BAYWOOD PARK DR
CITY-ST-ZIP	LUTZ, FL 33549	5.4 CITY-ST-ZIP	SEMINOLE FL 34647
TITLE	Director <input type="checkbox"/> DELETE ADD	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKIS Pissourios	6.2 NAME	CHRIS NICOLAOU
STREET ADDRESS	COSTAS PAPACOSTANTINOU	6.3 STREET ADDRESS	8002 BASTLIGH CT
CITY-ST-ZIP	8417 N. ARMENIA AVE 788, TAMPA FL	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)