


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05 DEC -7 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25920			
1. Entity Name PANCYPRIAN ASSOCIATION OF FLORIDA, INC.			
Principal Place of Business 38561 US 19 N PALM HARBOR, FL 34684		Mailing Address 38561 US 19 N PALM HARBOR, FL 34684	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. BOX 2117	
City & State		City & State TARPON SPRINGS	
Zip	Country	Zip	Country
34688-2117			
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. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PIERI, THELMA 4928 MARLYN DR NEW PORT RICHEY, FL 34652		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 <i>Thelma Pieri</i>		THELMA PIERI, PRESIDENT	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVRS TRIMIS, MICHAEL 16208 BONNEVILLE DR TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TRIMIS, MICHAEL 16208 BONNEVILLE DR TAMPA, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS POULLAS, MARIA 909 PENINSULA RD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061990095 12/07/05--01038--011 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIERRI, THELMA 4928 MARLYN DR. NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTANTAS, PANAYIOTIS 512 WAYFADER DR TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONSTANTAS, PANAYIOTIS 512 WAYFADER DR TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AVASTASI ADE, ANASTASIS 2661 ST JOSEPH DR E DUNEDIN, FL 34898 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANASTASIADES, ANASTASIOS 2661 ST JOSEPH DR E DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISSOURIOS, MIKE 3916 LITTLE EGRET COURT LUTZ, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS FEREKIDES, CHRIS 1540 CAMPHOR COVE DRIVE LUTZ, FL 33548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Thelma Pieri</i>		THELMA PIERI 12/6/2005 (107) 8419549	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	