

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90394 002 ****61.25

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

40032000



04142006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2892691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERI, THELMA
4928 MARLYN DR
NEW PORT RICHEY, FL 34652

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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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	TRIMIS, MICHAEL
STREET ADDRESS	16208 BONNEVILLE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	DRS
NAME	POULLAS, MARIA
STREET ADDRESS	909 PENINSULA RD
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	DP
NAME	PIERRI, THELMA
STREET ADDRESS	4928 MARLYN DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	DV
NAME	CONSTANTAS, PANAYIOTIS
STREET ADDRESS	512 WAYFARER DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	DV
NAME	ANASTASIADES, ANASTASIOS
STREET ADDRESS	2661 ST JOSEPH DR.E
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	DCS
NAME	FEREKIDES, CHRIS
STREET ADDRESS	1540 CAMPHOR COVE DRIVE
CITY-ST-ZIP	LUTZ, FL 33549

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #