

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25920

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** PANCYPRIAN ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

917 E. KLOSTERMAN RD.  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

917 E. KLOSTERMAN RD.  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 59-2892691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: TRIMIS, MICHAEL  
Address: 16208 BONNEVILLE DR  
City-St-Zip: TAMPA, FL 33624

Title: DRS ( ) Delete  
Name: POULLAS, MARIA  
Address: 909 PENINSULA RD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DP ( ) Delete  
Name: PIERRI, THELMA  
Address: 4928 MARLYN DR.  
City-St-Zip: NEW PORT RICHEY, FL

Title: DV ( ) Delete  
Name: CONSTANTAS, PANAYIOTIS  
Address: 512 WAYFARER DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DV (X) Delete  
Name: ANASTASIADES, ANASTASIOS  
Address: 2661 ST JOSEPH DR.E  
City-St-Zip: DUNEDIN, FL 34698

Title: DCS ( ) Delete  
Name: FERKIDES, CHRIS  
Address: 1540 CAMPHOR COVE DRIVE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THELMA PIERI

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date