

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N44147	
1. Entity Name ATHENIAN SOCIETY "ATTIKI", INC.	
Principal Place of Business 2991 VALENCIA LN E PALM HARBOR, FL 34684 US	Mailing Address 2991 VALENCIA LN E PALM HARBOR, FL 34684 US



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3078967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KARIDFILIS, HELEN 5640 MIRADA DR HOLIDAY, FL 34690	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARIOFILIS, HELEN 5640 MIRADA DR HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SISOIS, COSTAS 516 WAFER DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELEKIDIS, OLGA G 2991 VALENCIA LN E PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAOVITIS, KATIA 2458 COLUMBIA DR #37 CLEARWATER, FL 34623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000203251
01/29/05-80022-013 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: OLGA G. PELEKIDIS *Olga G. Pelekidis* **TREAS** **1/25/05 727 781908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #