

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001489

FILED
Apr 14, 2005
Secretary of State

Entity Name: PANAHAIKOS SOCIETY OF TAMPA BAY, AGIA-LAVRA INC.

Current Principal Place of Business:

409 OLD COACHMAN ROAD
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

PO BOX 5364
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-3225436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMAS, JOANNA
3386 HUNT CLUB DR.
CLEARWATER, FL 33761 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: PD () Delete
Name: DEMAS, JOANNA
Address: 3386 HUNT CLUB DR.
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Delete
Name: ROUSAKIS, VASILIKI
Address: 2449 OLD COACH TRAIL
City-St-Zip: CLEARWATER, FL 33765

Title: T () Delete
Name: DEMOS, BESSIE N
Address: 2350 HATIAN DR., #42
City-St-Zip: CLEARWATER, FL 33763

Title: VPD () Delete
Name: POULOS, PETER
Address: 400 ISLAND WAY #142
City-St-Zip: CLEARWATER, FL 33767

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOANNA DEMAS

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date