

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$100 (IF DISSOLVED, UNPAID AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

1995 7-1345

B-TM1-XC

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005984 (9)

1. Corporation Name

KALYMNAN SOCIETY OF TARPON SPRINGS, FLORIDA, IN
C. AGIOS PANTELEIMON

Principal Place of Business

1290 HILLSIDE DR.
TARPON SPRINGS FL

Mailing Address

1290 HILLSIDE DR.
TARPON SPRINGS FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

N/A

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 TARPON SPRINGS

2a. Mailing Address

26 P.O. BOX 314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TARPON SPRINGS, FLA

City & State

28 TARPON SPRINGS, FLA

Zip

24 34688-0001

Country

25 U.S.A

Zip

29 34688-0001

Country

30 U.S.A

9. Name and Address of Current Registered Agent

KLIMIS, DEMETRIOS
1313 BELCHER DR.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

N/A SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME KLIMIS DEMETRIOS
STREET ADDRESS 1313 BELCHER ROAD
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE V.P.
NAME TRIKOS NICHOLAOS
STREET ADDRESS 1700 GRAND CENTRAL DR.
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE SECRETARY
NAME SAZALIS NICHOLAOS
STREET ADDRESS 1500 CROWWELL DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE TREASURER
NAME ZARONIAS JOHN
STREET ADDRESS 486 TREASURER DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KLIMIS DEMETRIOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95

8/3-
938-6991