

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandee B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 21 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005984 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

1296 HILLSIDE DR.
TARPON SPRINGS FL
US

P O BOX 311
TARPON SPRINGS FL 34688-0311
US

REINSTATEMENT

Date of Last Report
12/06/1994

07/13/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3320962	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under 5:199.032, Florida Statutes	Yes No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Demetrios T. Klimis* DEMETRIOS T. KLIMIS, 1313 BELCHER DR, TARPON SPRINGS FL
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DEMETRIOS, KLIMIS	1.2 NAME	
STREET ADDRESS	1313 BELCHER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	NICHOLAOS, TIRIKOS	2.2 NAME	CHRISTOMIS ALAHOZOS
STREET ADDRESS	1700 GRAND CENTRAL DR	2.3 STREET ADDRESS	1028 HAMILTON AVE
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	SD	3.1 TITLE	
NAME	NICHOLAOS, SAZALIS	3.2 NAME	
STREET ADDRESS	1502 CROMWELL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	800002067988
NAME	ZARONIAS, JOHN	4.2 NAME	-01/24/97--01079--029
STREET ADDRESS	426 TREASUR DR	4.3 STREET ADDRESS	****236.25 ****236.25
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	800002067988
NAME		5.2 NAME	-01/24/97--01079--030
STREET ADDRESS		5.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Demetrios T. Klimis* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/96 813-938-6991
Date Daytime Phone #