


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90685 023 \*\*\*\*70.00

<b>DOCUMENT # N95000002308</b>	
1. Entity Name <b>MYTILENE ASSOCIATION OF FLORIDA "SAINT RAPHAEL", INC.</b>	

Principal Place of Business <b>1311 MERES BLVD TARPON SPRINGS, FL 34689</b>	Mailing Address <b>1311 MERES BLVD TARPON SPRINGS, FL 34689 US</b>
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2. Principal Place of Business <b>1311 MERES BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>1311 MERES BLVD</b> Suite, Apt. #, etc.
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City & State <b>TARPON SPRINGS FLORIDA</b>	City & State <b>FLORIDA</b>
Zip <b>34689</b>	Country

04202004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3315457</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>XYFTIS, LEO MR 1311 MERES BLVD TARPON SPRINGS, FL 34689</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <b>LEO XYFTIS</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>April 28, 2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TSIKOVRAS, DEMETRA 1423 GARDEN AVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VERVERIS, IGNATIOS 2247 CLARIBORNE DR CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS XYFTIS, DEMETRA 1311 MERES BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT XYFTIS, LEO 1311 MERES BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TSIKOURAS, DEMETRA 423 GARDEN AVENUE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S XYFTIS, DEMETRA 1311 MERES BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>LEO XYFTIS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>April 28, 2004</b> <small>Date Daytime Phone #</small>



44042548

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 20, 2004

MYTILENE ASSOCIATION OF FLORIDA "SAINT RAPHAEL", INC.  
1311 MERES BLVD  
TARPON SPRINGS, FL 34689 US

SUBJECT: MYTILENE ASSOCIATION OF FLORIDA "SAINT RAPHAEL", INC.  
Ref. Number: N95000002308

We have received your check(s) totaling \$70.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 304A00025941