

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 25, 2003 8:00 am
Secretary of State

4/7
4/7

04-07-2003 90852 001 ****70.00
04-07-2003 90852 002 ****17.50

DOCUMENT # N95 000002308

1. Entity Name
MYTILENE ASSOCIATION OF
FLORIDA
"SAINT RAPHAEL", INC.



DO NOT WRITE IN THIS SPACE

55030773

2. Principal Place of Business
1311 MERES BLVD.

3. Mailing Address
1311 MERES BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

Zip
34689

Country
USA

Zip
34689

Country
USA

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
M.R. LEO XYFTS

Street Address (P.O. Box Number is Not Acceptable)
1311 MERES BLVD.

City
TARPON SPRINGS, FL

Zip Code
34689

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 *Leo xyfts*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT DEMETRA TSIKOURAS 1423 GARDEN AVENUE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE-PRESIDENT IGNATIUS VEEVERIS 2247 CLAIRBORNE DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECRETARY DEMETRA XYFTS 1311 MERES BLVD. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER LEO XYFTS 1311 MERES BLVD. TARPON SPRINGS, FL 34689
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**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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Leo xyfts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

Attachment

58080773
N95000002308

March 29, 2003

To whom it may concern:

I would like to request all
records pertaining to the
Mylene Association of Florida
"Saint Raphael", Inc. As
I understand the price is
\$17.50.

Thank you.
Dorothy Yffis
Sec.