

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90025 030 ****61.25

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1. Entity Name
BROTHERHOOD OF EPIROTES OF FLORIDA "THE SOULI", INC.



Principal Place of Business
2140 SUNNYDALE BOULEVARD
CLEARWATER, FL ~~34626~~ 33765

Mailing Address
2140 SUNNYDALE BOULEVARD
CLEARWATER, FL ~~34625~~ 33765



01132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3375468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARVALAS, ZISIMOS
1857 GLENVILLE DRIVE
CLEARWATER, FL 33765

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARVALAS, ZISIMOS 1857 GLENVILLE DR CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TSIMAS, NICK 7830 2ND AVE S ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOGAS, ELENI 6750 3RD AVE. NORTH SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Zisimos Zarvalas* = **ZISIMOS ZARVALAS PRESIDENT** 4-3-06 (727-799-4588)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #