


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90036 037 \*\*\*\*61.25

**DOCUMENT # N96000002459**

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




Principal Place of Business  
 2140 SUNNYDALE BOULEVARD  
 CLEARWATER, FL 33765

Mailing Address  
 2140 SUNNYDALE BOULEVARD  
 CLEARWATER, FL 33765

**DO NOT WRITE IN THIS SPACE**

40043304



02062008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

ZARVALAS, ZISIMOS  
 1857 GLENVILLE DRIVE  
 CLEARWATER, FL 33765

**DO NOT WRITE IN THIS SPACE**

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, 2008**

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

3-3-08

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZARVALAS, ZISIMOS 1857 <del>STETSON</del> DR CLEARWATER, FL 33765	<b>Z</b> Zisimos Zarvalas 1857 Stetson Dr Clearwater, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOGAS, ELENI 6750 3RD AVE. NORTH SAINT PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TSAPRAZIS, EVRIPIDIS 644 ISLAND WAY CLEARWATER BEACH, FL 33767	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE IN THIS SPACE**

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:** *Zarvalas* **ZISIMOS ZARVALAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-08- 727-409-6537**  
Date Daytime Phone #