

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2009
Secretary of State**

DOCUMENT# N97000005052

Entity Name: AGIOS PANTELEIMON, INC., KALYMNIAN SOCIETY

Current Principal Place of Business:

42 MORGAN STREET
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

42 MORGAN STREET
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3471463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADORF, RICK W
2623 MCCORMICK DRIVE
SUITE 105
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SISOIS, COSTAS
Address: 42 MORGAN STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DV () Delete
Name: SAZALIS, NICK
Address: 1502 CROMWELL DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DS () Delete
Name: SAROUKOS, MARGARITA
Address: 42 MORGAN STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DT () Delete
Name: MARAKAS, IOANNIS
Address: 643 BAYSHORE DR.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COSTAS SISOIS

DP

01/23/2009

Electronic Signature of Signing Officer or Director

Date