

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006697

FILED
Apr 26, 2007
Secretary of State

Entity Name: SPEROS P. THEOFILOS FOUNDATION, INC.

Current Principal Place of Business:

17877 WAYNE ROAD
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

17877 WAYNE ROAD
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3482670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEOFILOS, KATHY S
17877 WAYNE ROAD
ODESSA, FL 33556 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: D () Delete
Name: THEOFILOS, SPEROS P
Address: 17877 WAYNE ROAD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: THEOFILOS, KATHY S
Address: 17877 WAYNE ROAD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: THEOFILOS, JOHN S
Address: 6303 BAYSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: CALLAS, MARIA T
Address: 1141 CREST VALLEY DR
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THEOFILOS, KATHY S
Address: 17877 WAYNE ROAD
City-St-Zip: ODESSA, FL 33556

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

Title: VP (X) Change () Addition
Name: THEOFILOS, JOHN S
Address: 6303 BAYSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611

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: KATHY S. THEOFILOS

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date