

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006697

FILED  
Jul 01, 2011  
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:** P  
**Name:** THEOFILOS, KATHY S  
**Address:** 17877 WAYNE ROAD  
**City-St-Zip:** ODESSA, FL 33556

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

**Title:** VP  
**Name:** THEOFILOS, JOHN S  
**Address:** 6303 BAYSHORE BOULEVARD  
**City-St-Zip:** TAMPA, FL 33611

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

I hereby 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 all other like empowered.

**SIGNATURE:** KATHY S. THEOFILOS

PRES

07/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date