2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002737

1. Entity Name
NISYROS SOCIETY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1844 N HIGHLAND AVE CLEARWATER, FL 33755	1844 N HIGHLAND AVE CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

07122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3512447
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INTZES, NICK
1844 N HIGHLAND AVE
CLEARWATER, FL 33755

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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 N.V. Intzes 7-16-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INTZES, NICK
STREET ADDRESS	1844 N HIGHLAND AVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	VD
NAME	COULIANIDIS, EMMANUEL
STREET ADDRESS	1844 N HIGHLAND AVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	TD
NAME	CULIANOS, JOHN
STREET ADDRESS	4980 GALLEAN CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
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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07/19/04-80005-003 61.25

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: N.V. Intzes 7-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #