

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90097 021 ****61.25

DOCUMENT # N98000002737

1. Entity Name
NISYROS SOCIETY OF FLORIDA, INC.



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

Mailing Address
**1844 N HIGHLAND AVE
CLEARWATER, FL 33755**

50022730



02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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 Nick Intzes
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/1/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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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IN THIS SPACE**

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: Nick Intzes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK INTZES ^{PRES} 3/1/05
Date Daytime Phone #