

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90009 019 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-NP CR2E037 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**

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

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INTZES, NICK 1844 N HIGHLAND AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COULIANIDIS, EMMANUEL 1844 N HIGHLAND AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CULIANOS, JOHN 4980 GALLEAN CT NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D POPI DIMITRIUS 445 HOLLY HILL RD OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANNA FRAZIL 3933 MCNIMOSA PL PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D EMMANUEL PAPAEMANUEL 1115 TOURNAMENT DR SPRING HILL FL 34608

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/9/06

Date

Daytime Phone #