

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90010 044 \*\*\*\*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 P.O. Box 2393  
CLEARWATER, FL 33755  
Palm Harbor, FL 34682**

**66008288**



01112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3512447**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

5. Name and Address of Current Registered Agent

**NISYROS SOCIETY OF FLA  
50 POPI DARAS  
1647 SAND HOLLOW LN  
PALM HARBOR, FL  
34683**

**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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	INTZES, NICK
STREET ADDRESS	1647 SAND HOLLOW LN PALM HARBOR, FL 34683
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	12530 GARY CIRCLE #105 JANESVILLE, FL 34698
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	PD
NAME	DIMITRIUS, POPI
STREET ADDRESS	445 HOLLY HILL RD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VP
NAME	FRAZIL, ANNA
STREET ADDRESS	3933 MCMIMOSE PLACE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	TD
NAME	PAPAEMANUEL, EMANUEL
STREET ADDRESS	115 TOURNAMENT DR
CITY-ST-ZIP	SPRING HILL, FL 34608

**DO NOT WRITE  
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:

*Emmanuel Coulidianidis*

**PRESIDENT 8/13/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #