

**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 <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

5. Name and Address of Current Registered Agent

~~INTZES, NICK~~  
~~1844 N HIGHLAND AVE~~  
~~CLEARWATER, FL~~  
 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 reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PO INTZES, NICK 1844 N HIGHLAND AVE CLEARWATER, FL 33755	1647 SAND HOLLOW LN PALM HARBOR, FL 34683 POPI DARAS
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	IRENE GEORGIADIS 2530 GARY CIRCLE #105 Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMITRIUS, POPI 445 HOLLY HILL RD OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAZIL, ANNA 3933 MCMIMOSE PLACE PALM HARBOR, FL 34685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAPAEMANUEL, EMANUEL 115 TOURNAMENT DR 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:

*Colet Dimitrius*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 8/13/07

Date

Daytime Phone #