


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90024 014 \*\*\*\*61.25

<b>DOCUMENT # N98000002737</b>					
1. Entity Name NISYROS SOCIETY OF FLORIDA, INC.					
Principal Place of Business 1647 SAND HOLLOW LANE PALM HARBOR, FL 34683			Mailing Address PO BOX 2393 PALM HARBOR, FL 34682		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3512447				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DARAS, POPI C/O NISYROS SOCIETY OF FLA. 1647 SAND HOLLOW LANE PALM HARBOR, FL 34683			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARAS, POPI		NAME	HELEN SFIROUDIS	
STREET ADDRESS	1647 SAND HOLLOW LANE		STREET ADDRESS	2379 AZALEA DR.	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COULIANIDIS, EMMANUEL		NAME	MARIA PAPAEMANUEL	
STREET ADDRESS	1844 N HIGHLAND AVE		STREET ADDRESS	115 TOURNAMENT DR	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIADIS, IRENE		NAME		
STREET ADDRESS	2530 GARY CIRCLE #705		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMITRIUS, POPI		NAME		
STREET ADDRESS	445 HOLLY HILL RD		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIL, ANNA		NAME		
STREET ADDRESS	3933 MCMIMOSE PLACE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPAEMANUEL, EMANUEL		NAME		
STREET ADDRESS	115 TOURNAMENT DR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP		
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: <i>J. P. ...</i>			Date: 01/28/08 (727) 787-7481		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		