2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N98000002737

Entity Name: NISYROS SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

1647 SAND HOLLOW LANE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

PO BOX 2393
PALM HARBOR, FL 34682

New Mailing Address:

1647 SAND HOLLOW LANE
PALM HARBOR, FL 34683

FEI Number: 59-3512447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARAS, POPI
C/O NISYROS SOCIETY OF FLA.
1647 SAND HOLLOW LANE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DARAS, POPI	
Address:	1647 SAND HOLLOW LANE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	VD	( ) Delete
Name:	COULIANIDIS, EMMANUEL	
Address:	1844 N HIGHLAND AVE	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	S	( ) Delete
Name:	SFIROUDIS, HELEN	
Address:	2379 AZALEA DR	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	PD	( ) Delete
Name:	DIMITRIUS, POPI	
Address:	445 HOLLY HILL RD	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	VP	( ) Delete
Name:	FRAZIL, ANNA	
Address:	3933 MCMIMOSE PLACE	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	TD	( ) Delete
Name:	PAPAEMANUEL, EMANUEL	
Address:	115 TOURNAMENT DR	
City-St-Zip:	SPRING HILL, FL 34608	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	COULIANIDIS, EMMANUEL	
Address:	1460 GULF BLVD	
City-St-Zip:	CLEARWATER, FL 33755	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMANUEL PAPAENAMUEL TD 03/20/2009

Electronic Signature of Signing Officer or Director — Date