2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # N99000000153 1. Entity Name 04-20-2004 90039 036 ****61.25 ST. NICHOLAS LADIES PHILOPTOCHOS, INC. Principal Place of Business Mailing Address 20 NORTH PINELLAS AVENUE TARPON SPRINGS FL 34689 27 E ORANGE STREET TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3555094 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name:—____ KLIMIS, GEORGE N 27 E ORANGE STREET Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 City 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 Signature, typed or grinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ☐ Addition STAVRAKIS, ANDIE NAME NAME 410 GRAND BOULEVARD STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change Addition CRITIKOS, PANAGIOTA NAME 731 TESSIER DRIVE STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition ARFARAS, DUCHESS MAME NAME 621 EAST ORANGE STREET STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STERGOS, CAROL NAME NAME 8320 W HIAWATHA STREET STREET ADDRESS STREET ADDRESS TAMPA FL 33615 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STAVRAKIS, FALYA NAME NAME 704 BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition CHAGARIS, KALOTINA NAME NAME 426 EAST PINE STREET STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-7IP CITY-ST-ZIP

FILED

Daytime Phone #

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 engowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information