

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000153

1. Entity Name
ST. NICHOLAS LADIES PHILOPTOCHOS, INC.



Principal Place of Business
**20 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689**

Mailing Address
**27 E ORANGE STREET
TARPON SPRINGS, FL 34689**



03082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3555094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N
27 E ORANGE STREET
TARPON SPRINGS, FL 34689**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000309329
04/16/05-80033-012 \$1.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STAVRAKIS, ANDIE
410 GRAND BOULEVARD
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CRITIKOS, PANAGIOTA
731 TESSIER DRIVE
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
ARFARAS, DUCHESS
621 EAST ORANGE STREET
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
STERGOS, CAROL
8320 W HIAWATHA STREET
TAMPA, FL 33615**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STAVRAKIS, FALYA
704 BAYSHORE DRIVE
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CHAGARIS, KALOTINA
426 EAST PINE STREET
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Falya Stavarakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05
Date

Daytime Phone #