

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

FILED
Apr 07, 2008 8:00 am
Secretary of State

03-20-2008 90027 017 ****61.25

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1. Entity Name
**IOANNIS KOUKOUZELIS ASSOCIATION OF GREEK
ORTHODOX BYZANTINE CHANTERS AND FRIENDS OF
BYZANTINE MU**



Principal Place of Business
**2632 VELVENTOS DR.
CLEARWATER, FL 33761**

Mailing Address
**2632 VELVENTOS DR.
CLEARWATER, FL 33761**

66003310



DO NOT WRITE IN THIS SPACE

04032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3628219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAPPAS, GEORGE G
1822 N. BELCHER RD. STE 200
CLEARWATER, FL 33765**

**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

4/4/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIOVANIS, PERRY A
STREET ADDRESS	2520 SOUTH POINTE DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	SD
NAME	MOTT, DEMETRE
STREET ADDRESS	1420 GARDEN AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VD
NAME	VASILIOS, PAPPAS
STREET ADDRESS	3645
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	ZERVOS, MANOLIS
STREET ADDRESS	115 MIRAVISTA DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	LIRISTIS, MINAS G
STREET ADDRESS	690 ISLAND WAY #1112
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	TD
NAME	PAPPAS, GEORGE E
STREET ADDRESS	2632 VELVENTOS DR
CITY-ST-ZIP	CLEARWATER, FL 33761

**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:

George E. Pappas, TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08

Date

Daytime Phone #