

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90081 021 \*\*\*\*61.25

**DOCUMENT # N99000002790**

1. Entity Name

**IOANNIS KOUKOUZELIS ASSOCIATION OF GREEK ORTHODO  
X 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3628219**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PAPPAS, GEORGE G  
901 N. HERCULES AVE., STE. D  
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **PAPPAS, GEORGE E**  
STREET ADDRESS **2632 VELVENTOS DR.**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **KONDIS, DEMETRIOS P**  
STREET ADDRESS **1375 DOOLITTLE LN #306**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **SD** ☐ Change ☒ Addition  
NAME **MINAS LIRISTIS**  
STREET ADDRESS **690 Island way # 1112**  
CITY-ST-ZIP **Clearwater, FL. 33767**

TITLE **VD** ☐ Delete  
NAME **GIOVANIS, PERRY A**  
STREET ADDRESS **2520 SOUTHPOINTE DR**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LAMBROS, SOCRATES**  
STREET ADDRESS **644 ISLAND WAY, UNIT 408**  
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LIADIS, JOHN N**  
STREET ADDRESS **665 KIRKLAND CIRCLE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **ANDREW, GREGORY**  
STREET ADDRESS **1290 AMBREL DR EAST**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Zisimos ZARVALAS**  
STREET ADDRESS **1857 Glenville Drive**  
CITY-ST-ZIP **Clearwater, FL. 33765**

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:

*Signature Required Pres.*

*1/22/03 727/787-6146*

CR2E037 (10/02)