

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007013

1. Entity Name
CEPHALONIAN SOCIETY O KEFALOS OF FLORIDA, INC.



Principal Place of Business
**109 BAYVIEW BLVD., STE. A
OLDSMAR, FL 34677**

Mailing Address
**109 BAYVIEW BLVD., STE. A
OLDSMAR, FL 34677**



04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANGELATOS, SOTIRIOS
109 BAYVIEW BLVD., STE. A
OLDSMAR, FL 34677**

**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 **Angelatos Sotirios**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **04/14/05**

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AGELATOS, SOTIRIOS
109 BAYVIEW BLVD., STE. A
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AGELATOS, DARLENE
3338 WINDCHIME DR W.
CLEARWATER, FL 33671**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GALIATSATOS, ALEXANDROS
2141 ANDREWS CT.
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ANGELATOS, ANGELOS
109 BAYVIEW BLVD., STE. A
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000313050
04/18/05-80109-010 70.00

**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)(f), 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: **Angelatos Sotirios**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/05 **727-458-5329**