

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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**



04202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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)

4/20/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGELATOS, DARLENE 3338 WINDCHIME DR W. CLEARWATER, FL 33671
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERMEAS, GEORGE A-109 S. BAYVIEW BLVD. OLDSMAR, FL 34677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANGELATOS, ANGELOS 109 BAYVIEW BLVD., STE. A OLDSMAR, FL 34677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000725185
05/03/07-80011-025 61.25

**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: ANGELATOS, SOTIRIOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07 727-4585329