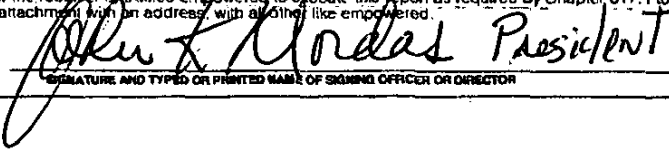


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90057 034 ****61.25

DOCUMENT # 716210					
1. Entity Name ST. SIMEON ORTHODOX CATHOLIC CHURCH, INC.					
Principal Place of Business 3175 SATTERFIELD ROAD TITUSVILLE, FL 32780-2167 US			Mailing Address 3175 SATTERFIELD ROAD TITUSVILLE, FL 32780-2167 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
03142005 Chg-NP CR2E037 (10/03)				4. FEI Number 59-6363537	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICKOLAS, KRIST 15 B SOUTH WILLIAMS TITUSVILLE, FL 32796			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 fee if applicable. (NOTE: Registered Agent signature required when registering.)					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	CHASAR, ANTHONY		NAME	MORDAS, JOHN	
STREET ADDRESS	6828 WHITE TAIL CT.		STREET ADDRESS	401 HWY A1A, #143	
CITY-STATE-ZIP	MELBOURNE, FL 32940		CITY-STATE-ZIP	SATELLITE BEACH, FL 32937	
TITLE	P	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	MORSE, HANNAH		NAME	WATLOCK, ETHEL	
STREET ADDRESS	1480 N. CARPENTER RD.		STREET ADDRESS	2937 TELKA LYNN DR.	
CITY-STATE-ZIP	TITUSVILLE, FL 32796		CITY-STATE-ZIP	TITUSVILLE, FL 32796	
TITLE	V	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	INSULA, PATRICIA		NAME	FRANGE DAKIS, NICK	
STREET ADDRESS	3575 MONTGARY RD		STREET ADDRESS	1009 MAIN ST.	
CITY-STATE-ZIP	MIMS, FL 32754		CITY-STATE-ZIP	TITUSVILLE, FL 32796	
TITLE	T	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	MORDAS, JOHN		NAME	SHERIDAN, SHANE	
STREET ADDRESS	401 HWY A1A #143		STREET ADDRESS	1112 NO. SINGLETON AVE	
CITY-STATE-ZIP	SATELLITE BEACH, FL 32937		CITY-STATE-ZIP	TITUSVILLE, FL 32796	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MANDERY, NATASHA		NAME	MATHEWS, PATTI	
STREET ADDRESS	1154 WILDFLOWER DR		STREET ADDRESS	519 MENDEL LANE	
CITY-STATE-ZIP	MELBOURNE, FL 32940		CITY-STATE-ZIP	TITUSVILLE, FL 32796	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KANAZEH, GEORGE		NAME		
STREET ADDRESS	3400 HARLOCK RD.		STREET ADDRESS		
CITY-STATE-ZIP	MELBOURNE, FL 32935		CITY-STATE-ZIP		
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: 			3/14/05 321777 0623		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		