

FILED
May 01, 2007 8:00 am
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6363537

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E037 (10/06)

\$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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

P

☒ Delete

NAME

MORDAS, JOHN

STREET ADDRESS

401 HWY A1A, # 143

CITY-ST-ZIP

SATELLITE BEACH FL 32937

TITLE

D

☒ Delete

NAME

WATLOCK, ETHEL

STREET ADDRESS

2937 TELKA LYNN DR

CITY-ST-ZIP

TITUSVILLE FL 32796

TITLE

D

☒ Delete

NAME

FRANGEDAKIS, NICK

STREET ADDRESS

1009 MAIN ST

CITY-ST-ZIP

TITUSVILLE FL 32796

TITLE

S

☐ Delete

NAME

BORACK, KYRA M

STREET ADDRESS

1790 ROCKY WOOD CIR., #206

CITY-ST-ZIP

VIERA FL 32955

TITLE

VP

☐ Delete

NAME

MANDERY, NATASHA

STREET ADDRESS

1154 WILDFLOWER DR

CITY-ST-ZIP

MELBOURNE FL 32940

TITLE

T

☒ Delete

NAME

MATHEWS, PATTI

STREET ADDRESS

519 MENDEL LANE

CITY-ST-ZIP

TITUSVILLE FL 32796

TITLE

P

☒ Change ☐ Addition

NAME

FRANGEDAKIS, NICK

STREET ADDRESS

1009 MAIN STREET

CITY-ST-ZIP

TITUSVILLE, FL 32796

TITLE

D

☐ Change ☒ Addition

NAME

GIKAS, EVA

STREET ADDRESS

3815 VALLEY LANE

CITY-ST-ZIP

TITUSVILLE, FL 32780

TITLE

D

☐ Change ☒ Addition

NAME

MEREDITH, PATRICIA

STREET ADDRESS

3905 BOHANNON AVENUE

CITY-ST-ZIP

TITUSVILLE, FL 32780

TITLE

D

☐ Change ☒ Addition

NAME

INSULA, PEGGY

STREET ADDRESS

6760 N. COCOA BLVD., APT. 3202

CITY-ST-ZIP

PORT ST. JOHN, FL 32927

TITLE

T

☐ Change ☒ Addition

NAME

MATHEWS, ETHEL W.

STREET ADDRESS

512 MENDEL LANE

CITY-ST-ZIP

TITUSVILLE, FL 32796

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

ETHEL W. MATHEWS, TREASURER

SIGNATURE: Ethel W. Mathews, Treasurer

4/20/07 (321) 268-9374