

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716210

FILED
Apr 16, 2009
Secretary of State

Entity Name: ST. SIMEON ORTHODOX CATHOLIC CHURCH, INC.

Current Principal Place of Business:

3175 SATTERFIELD ROAD
TITUSVILLE, FL 327802167 US

New Principal Place of Business:

Current Mailing Address:

3175 SATTERFIELD ROAD
TITUSVILLE, FL 327802167 US

New Mailing Address:

FEI Number: 59-6363537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKOLAS, KRIST
15 B SOUTH WILLIAMS
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIKAS, EVA
Address: 3815 VALLEY LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: MEREDITH, PATRICIA
Address: 3905 BOHANNON AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: MASKALIS, MICHELLE
Address: 512 MENDEL LANE
City-St-Zip: TITUSVILLE, FL 32796

Title: S (X) Delete
Name: BORACK, KYRAM
Address: 1790 ROCKY WOOD CIR., #206
City-St-Zip: VIERA, FL 32955

Title: VP () Delete
Name: MANDERY, NATASHA
Address: 1154 WILDFLOWER DR
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: MATHEWS, ETHEL W
Address: 512 MENDEL LANE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANGEDAKIS, NICK
Address: 1009 MAIN ST
City-St-Zip: TITUSVILLE, FL 32796

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETHEL W. MATHEWS

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date