

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90339 024 ****61.25

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1. Entity Name

SAINT CATHERINE GREEK ORTHODOX CHURCH



Principal Place of Business

110 SOUTHERN BLVD
WEST PALM BEACH FL 33405

Mailing Address

110 SOUTHERN BLVD
WEST PALM BEACH FL 33405

20048677



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1834429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPILLIAS, KEN
250 AUSTAILIAN AVE S #1504
W PALM BCH FL 33401

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, 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	ATHANASAKES, TED	
STREET ADDRESS	62 SPANISH RIVER DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUCAS, NICK	
STREET ADDRESS	320 HAMMOCKS TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	S	<input type="checkbox"/> Delete
NAME	KARAYIANNAKIS, ANNA	
STREET ADDRESS	226 AUSTRALIAN AVE.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINDALE, ALEXIOS	
STREET ADDRESS	6B ATRIUM CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME	MUSGROVE, STEVE	
STREET ADDRESS	151 CYPRESS COVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOFIANOS, MICHAEL	
STREET ADDRESS	4046 BAHIA ISLE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nick Lucas	
STREET ADDRESS	320 Hammocks Trail	
CITY-ST-ZIP	West Palm Beach, FL. 33413	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Sofianos	
STREET ADDRESS	4046 Bahia Isle Circle	
CITY-ST-ZIP	Lake Worth, FL. 33467	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amelia Fabro	
STREET ADDRESS	2683 W. Emory Drive, Unit "J"	
CITY-ST-ZIP	West Palm Beach, FL. 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

Steven E Musgrove STEVEN E MUSGROVE TREASURER 4/21/05 SC1-471-0245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #