

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730517 (0)

1. Corporation Name

ST. KATHERINE, GREEK ORTHODOX CHURCH OF BREVARD COUNTY, INC.



Principal Place of Business

Mailing Address

5965 WICKHAM ROAD
MELBOURNE FL 32940-2003

5965 WICKHAM ROAD
MELBOURNE FL 32940-2003

3. Date incorporated or Qualified **08/23/1974** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number **59-1558034** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HADJIOLOGIU, JOHN
510 ELEUTHERA LANE
INDIAN HARBOUR BEACH FL 32937**

81 Name **Kalessa, Russel**
82 Street Address (P.O. Box Number is Not Acceptable) **3200 N. Riverside Drive**
83 City **Indianantic, FL** 85 Zip Code **FL 32903**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Russel Kalessa* 2-11-96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADJIOLOGIU, JOHN	1.2 NAME	Kalessa, Russel
STREET ADDRESS	C/O 5965 WICKHAM ROAD	1.3 STREET ADDRESS	c/o 5965 N. Wickham Rd.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUMBOS, DEMETRIOS	2.2 NAME	Panouses, Kurt
STREET ADDRESS	C/O 5965 WICKHAM ROAD	2.3 STREET ADDRESS	c/o 5965 N. Wickham Road
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLAUER, ANGELIQUE T.	3.2 NAME	Peters, George
STREET ADDRESS	C/O 5965 WICKHAM ROAD	3.3 STREET ADDRESS	c/o 5965 Wickham Road
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWLES, ATHENA	4.2 NAME	Demopoulos, James
STREET ADDRESS	C/O 5965 WICKHAM ROAD	4.3 STREET ADDRESS	c/o 5965 N. Wickham Rd.
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Peters* 2-11-96 254-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)