


FILE NOW: FILING FEE IS \$61.25

ACCEPTED AND FILED

20 MAR 19 11:10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION <b>ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
<b>DOCUMENT # 730517</b>			
1. Corporation Name <b>ST. KATHERINE, GREEK ORTHODOX CHURCH OF BREVARD COUNTY, INC.</b>			
Principal Place of Business 5865 WICKHAM ROAD MELBOURNE FL 32940-2003		Mailing Address 5965 WICKHAM ROAD MELBOURNE FL 32940-2003	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	08/23/1974
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1558034
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent KURT PANOUSES, ESQ 232 FIFTH AVE INDIALANTIC FL 32903				10. Name and Address of New Registered Agent			
81 Name		Kurt Panouses, Esq.		85 Zip Code			
82 Street Address (P.O. Box Number is Not Acceptable)		140 SIXTH AVE SUITE B		32903			
83							
84 City		INDIALANTIC FL					

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: *[Signature]* DATE: 1-11-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PPCD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PPCD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HADJILOCION, JOHN			1.2 NAME	Chris Kitsopoulos		
STREET ADDRESS	C/O 5965 N WICKHAM RD			1.3 STREET ADDRESS	5965 N. Wickham Road		
CITY-ST-ZIP	MELBOURNE FL 32940			1.4 CITY-ST-ZIP	Melbourne, FL 32940-2003		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAVVIDIS, STEVE			2.2 NAME	SAME		
STREET ADDRESS	C/O 5965 N WICKHAM RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOWLES, ATHENA			3.2 NAME	Athena Mowles		
STREET ADDRESS	C/O 5965 N WICKHAM RD			3.3 STREET ADDRESS	5965 N. Wickham Rd		
CITY-ST-ZIP	MELBOURNE FL 32940			3.4 CITY-ST-ZIP	Melbourne, FL 32940-2003		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Kurt Panouses		
STREET ADDRESS				4.3 STREET ADDRESS	5965 N. Wickham Road		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Melbourne, FL 32940-2003		
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	18-35-1999 9100 33 0003 \$61.25		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" 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 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 11 Jan 99 (407) 254-1045

CR2E037 (11/98)