

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90040 022 ****70.00

DOCUMENT # 730517

1. Entity Name

ST. KATHERINE, GREEK ORTHODOX CHURCH OF BREVARD

Principal Place of Business

Mailing Address

5965 WICKHAM ROAD
 MELBOURNE FL 32940-2003

5965 WICKHAM ROAD
 MELBOURNE FL 32940-2003

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

59-1558034

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

PANOUSES, KURT ESQ
140 SIXTH AVE., STE. B
INDIALANTIC FL 32903

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.

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**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PPCD	KITSOPOULOS, CHRIS	5965 N. WICKHAM RD.	MELBOURNE FL 32940-2003	<input checked="" type="checkbox"/>	PPCD	Hadjilogiou, John	5965 N. Wickham Road	Melbourne FL 32940-2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	SAVIDIS, STEVE	C/O 5965 N WICKHAM RD	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	VPD	Mitropoulos, Hrysoula	5965 N. Wickham Road	Melbourne FL 32940-2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TT	MOWLES, ATHENA	5965 N. WICKHAM RD.	MELBOURNE FL 32940-2003	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	PANOUSES, KURT	5965 WICKHAM ROAD	MELBOURNE FL 32940-2003	<input checked="" type="checkbox"/>	SD	Beebe, Georgia	5965 N. Wickham Road	Melbourne FL 32940-2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED
 Athena Mowles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 00

(321)
 254-1045

Date

Daytime Phone #