

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90230 029 ****70.00

DOCUMENT # 730517

1. Entity Name

St. Katherine Greek Orthodox Church of

DO NOT WRITE IN THIS SPACE

B0126320

2. Principal Place of Business

5965 N. Wickham Rd

Suite, Apt. #, etc.

3. Mailing Address

5965 N. Wickham Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

Zip 32940-2003

Country

City & State

Melbourne FL

Zip 32940-2003

Country

4. FEI Number

59-1558034

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Panouses, Kurt, Esq.

Street Address (P.O. Box Number is Not Acceptable)

8240 Devereux Drive Suite 100

City Viera

FL

Zip Code 32940

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IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	PPCD
NAME	Diamond, Charles
STREET ADDRESS	5965 N. Wickham Rd
CITY-STATE-ZIP	Melbourne FL 32940
TITLE	VPD
NAME	Mitropoulos, Hrysoula
STREET ADDRESS	5965 N. Wickham Rd
CITY-STATE-ZIP	Melbourne FL 32940
TITLE	TT
NAME	Mowles, Athena
STREET ADDRESS	5965 N. Wickham Rd
CITY-STATE-ZIP	Melbourne FL 32940
TITLE	SD
NAME	Apt. Tanya
STREET ADDRESS	5965 N. Wickham Rd
CITY-STATE-ZIP	Melbourne FL 32940
TITLE	
NAME	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Diamond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 June 02 321.254.1045

Date

Daytime Phone #