

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90021 003 ****70.00

DOCUMENT # 730517

1. Entity Name

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



Principal Place of Business

**5965 WICKHAM ROAD
 MELBOURNE FL 32940-2003**

Mailing Address

**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



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANOUSES, KURT ESQ
 140 6TH AVE, SUITE 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. 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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PPCD PANOUSES, KURT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5965 N. WICKHAM RD. MELBOURNE FL 32940	
TITLE NAME	VPD KARAS, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5965 N WICKHAM ROAD MELBOURNE FL 32940-2003	
TITLE NAME	TT PETERS, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5965 N. WICKHAM RD. MELBOURNE FL 32940	
TITLE NAME	ATT PAPPADEMETRIAN, PETER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5965 N WICKHAM ROAD MELBOURNE FL 32940	
TITLE NAME	SD PANOUSES, TOM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5965 N. WICKHAM RD. MELBOURNE FL 32940	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Michael Hawkins	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5965 N. Wickham Rd Melbourne FL 32940	
TITLE NAME	George Peters	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5965 N. Wickham Road Melbourne FL 32940	
TITLE NAME	Anthony Papalas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5965 N. Wickham Rd Melbourne FL 32940	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #