


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90056 033 ****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**

50005068



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1558034

Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 **PPCD** Delete
 NAME **PANOUSES, KURT**
 STREET ADDRESS **5965 N. WICKHAM RD.**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **PPCD** Change Addition
 NAME **Hawkins, Michael**
 STREET ADDRESS **6055 Anello Drive**
 CITY-ST-ZIP **Melbourne FL 32940**

TITLE **VPD** Delete
 NAME **KARAS, STEVE**
 STREET ADDRESS **5965 N WICKHAM ROAD**
 CITY-ST-ZIP **MELBOURNE, FL 329402003**

TITLE **VPD** Change Addition
 NAME **Abadiotakis, Tassos**
 STREET ADDRESS **443 Johnson Avenue # 303**
 CITY-ST-ZIP **Cape Canaveral FL 32920**

TITLE **ATT** Delete
 NAME **PETERS, GEORGE**
 STREET ADDRESS **5965 N. WICKHAM RD.**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **ATT** Change Addition
 NAME **Karavas, Ellen**
 STREET ADDRESS **2916 Ivy Street**
 CITY-ST-ZIP **Titusville FL 32796**

TITLE **TT** Delete
 NAME **HAWKINS, MICHAEL**
 STREET ADDRESS **5965 N WICKHAM ROAD**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **TT** Change Addition
 NAME **Kitsopoulos, Elizabeth**
 STREET ADDRESS **4510 Aberdeen Circle**
 CITY-ST-ZIP **Viera FL 32955**

TITLE **SD** Delete
 NAME **PAPALAS, ANTHONY**
 STREET ADDRESS **5965 N. WICKHAM RD.**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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:  **1/18/05 321 254 1045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #