

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90015 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**

**40041419**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-NP CR2E037 (11/05)

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 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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PPCD  
Michael W. Hawkins  
6055 Anello Dr  
Melbourne FL 32940** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
Charles Diamond  
3840 Shady Run  
Melbourne FL 32934** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TT  
Demetrios Coumbos  
440 Greenview Road  
Merritt Island FL 32952** ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Adamantia Ligerakis  
531 Sunset Lakes Drive  
Merritt Island FL 32953** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PPCD  
HAWKINS, MICHAEL  
6055 ANELLO DRIVE  
MELBOURNE, FL 32940** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Charles Diamond*

**Charles Diamond**

**3/27/06**

**321 254-1045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #