

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730517

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** ST. KATHERINE, GREEK ORTHODOX CHURCH OF BREVARD COUNTY, INC.

**Current Principal Place of Business:**

5965 WICKHAM ROAD  
MELBOURNE, FL 329402003

**New Principal Place of Business:**

**Current Mailing Address:**

5965 WICKHAM ROAD  
MELBOURNE, FL 329402003

**New Mailing Address:**

**FEI Number:** 59-1558034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PANOUSES, KURT ESQ  
140 6TH AVE, SUITE B  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PPCD  
Name: KOMON, THOMAS JR.  
Address: 4193 LONG LEAF DRIVE  
City-St-Zip: MELBOURNE, FL 32920

Title: VPD  
Name: ABADIOTAKIS, TASSOS  
Address: 7028 SEVILLA CT. #511  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TT  
Name: SIROUNIS, MICHAEL  
Address: 116 ISLAND VIEW DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD  
Name: NOMIKOS, SPIRIDON  
Address: 205 HWY A1A #511  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ASD  
Name: ECHEVARRIA, DAIL SR.  
Address: 425 KIMBERLY DRIVE  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS KOMON, JR.

PRES

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date