

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90152 017 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1558034**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**  
~~8240 DEVEREUX DRIVE~~  
~~SUITE 100~~  
~~WERA FL 32940~~

Name **KURT PANOUSES, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**140 SIXTH AVENUE Suite B**  
City **INDIACANTIC** FL Zip Code **32903**

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 **3-30-03**

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

**FILE NOW FEE IS \$61.25**

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	<b>PPCD</b>	<input type="checkbox"/> Delete
NAME	<b>DIAMOND, CHARLES</b>	
STREET ADDRESS	<b>5965 N. WICKHAM RD.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>MITROPOULOS, HRYSOULA</b>	
STREET ADDRESS	<b>5965 N. WICKHAM ROAD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940-2003</b>	
TITLE	<b>TT</b>	<input type="checkbox"/> Delete
NAME	<b>MOWLES, ATHENA</b>	
STREET ADDRESS	<b>5965 N. WICKHAM RD.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940-2003</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>APT, TANYA</b>	
STREET ADDRESS	<b>5965 N WICKHAM ROAD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PPCD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Panouses, Kurt</b>	
STREET ADDRESS	<b>5965 N. Wickham Rd</b>	
CITY-ST-ZIP	<b>Melbourne FL 32940</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Karas, Steve</b>	
STREET ADDRESS	<b>5965 N. Wickham Rd</b>	
CITY-ST-ZIP	<b>Melbourne FL 32940</b>	
TITLE	<b>TT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Peters, George</b>	
STREET ADDRESS	<b>5965 N. Wickham Rd</b>	
CITY-ST-ZIP	<b>Melbourne FL 32940</b>	
TITLE	<b>ATT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pappademetriou, Peter</b>	
STREET ADDRESS	<b>5965 N. Wickham Rd</b>	
CITY-ST-ZIP	<b>Melbourne FL 32940</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Panouses, Tom</b>	
STREET ADDRESS	<b>5965 N. Wickham Rd</b>	
CITY-ST-ZIP	<b>Melbourne FL 32940</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **30 Mar 03 321.254.1045**

CR2E037 (10/02)