

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33856 (8)

1. Corporation Name

ST. KATHERINE'S GREEK ORTHODOX CHURCH, INC.



Principal Place of Business: **7100 AIRPORT RD. N. NAPLES FL 33942 US**
Mailing Address: **7100 AIRPORT RD. N. NAPLES FL 33942 US**

3. Date Incorporated or Qualified 08/23/1989	3a. Date of Last Report 04/27/1995
4. FEI Number 65-0128103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KAMVIS, JUNE 7100 AIRPORT RD., N. NAPLES FL 33942		81. Name Anna Topougis	
		82. Street Address (P.O. Box Number is Not Acceptable) 7100 Airport Rd. N.	
		83.	
		84. City Naples,	85. Zip Code FL 33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Anna Topougis* 6/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ELIOPOULOS, ANDREW J 4575 BEECHWOOD LAKE DR. NAPLES FL 33962	11 TITLE	PD Stephen J. Rellas 4451 Gulf Shore Blvd. #906 Naples, FL 33940
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD MITCHELL, EDNA 520 SO. COLLIER BLV #801 MARCO ISLAND FL 33937	21 TITLE	VD Dr. Peter J. Vasiliadis 807 Ashburton Dr. Naples, FL 33963
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	S URBINATI PAULA 9651 WINTERVIEW DRIVE NAPLES FL	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	AT PEARSON ELENI 2232 IMPERIAL GOLF COURSE BLVD. NAPLES FL	41 TITLE	ATD Andrew J. Eliopoulos 4575 Beechwood Lake Dr. Naples, FL 33962
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	AS DOVOLIS GEORGIA 6075 PELICAN BLVD. NAPLES FL	51 TITLE	ASD Helen Kartsimas 7693 Pebble Creek Cir. #203 Naples, FL 33963
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	TD KAMVIS, JUNE 149 ST. ANDREWS BLVD. NAPLES FL	61 TITLE	TD Anna Topougis 601 Seaview Ct. #C-206 Marco Island, FL 33937
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anna Topougis* 6/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (3/96)