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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
**7100 AIRPORT RD. N.  
NAPLES FL 33942  
US** **7100 AIRPORT RD. N.  
NAPLES FL 34109-1716  
US**

3. Date Incorporated or Qualified **08/23/1989** 3a. Date of Last Report **06/14/1996**  
4. FEI Number **65-0128103** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**ANN TOPOUGIS  
7100 AIRPORT RD., N.  
NAPLES FL 33942**

10. Name and Address of New Registered Agent  
81 Name **Helen Kartsimas**  
82 Street Address (P.O. Box Number is Not Acceptable) **7100 Airport Rd. N.**  
83  
84 City **Naples** FL 85 Zip Code **34109**

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 *Helen Kartsimas* (NOTE: Registered Agent signature required when reinstating) DATE **1-20-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHEN J. RELAS	
STREET ADDRESS	4451 GULF SHORE BLVD., #906	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DR. PETER J. VASILJADIS	
STREET ADDRESS	807 ASHBURTON DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	URBINATI PAULA	
STREET ADDRESS	9851 WINTERVIEW DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREW J. ELIPOULOS	
STREET ADDRESS	4575 BEECHWOOD LAKE DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	HELEN KARSIMAS	
STREET ADDRESS	7693 PEBBLE CREEK CIR., #203	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANNA TOPOUGIS	
STREET ADDRESS	801 SEAVIEW CT. C-206	
CITY-ST-ZIP	MARCO ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nick Stamas	
1.3 STREET ADDRESS	105 Tuscana Ct. #1006	
1.4 CITY-ST-ZIP	Naples, FL 34119	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kostas Tsiskakis	
2.3 STREET ADDRESS	26834 McLaughlin Blvd. SW	
2.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anna Topougis	
3.3 STREET ADDRESS	601 Seaview Ct. #C-206	
3.4 CITY-ST-ZIP	Marco Island, FL 34145	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Helen Kartsimas	
4.3 STREET ADDRESS	7693 Pebble Creek Cir. #203	
4.4 CITY-ST-ZIP	Naples, FL 34108	
5.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Paula Angelopoulos-Urbinati	
5.3 STREET ADDRESS	9651 Winterview Dr.	
5.4 CITY-ST-ZIP	Naples, FL 34109	
6.1 TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chris Andreoulakis	
6.3 STREET ADDRESS	6081 18th Ave. NW	
6.4 CITY-ST-ZIP	Naples, FL 34119	

14. I do 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 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: *Helen Kartsimas* (NOTE: Registered Agent signature required when reinstating) DATE **1-20-97**

CR2E037 (9/96)