

FILE NOW: FILING FEE IS \$61.25

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**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33856 (8)
1. Corporation Name
ST. KATHERINE'S GREEK ORTHODOX CHURCH, INC.



Principal Place of Business 7100 AIRPORT RD. N. NAPLES FL 34109 US	Mailing Address 7100 AIRPORT RD. N. NAPLES FL 34109 US
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3. Date Incorporated or Qualified 08/23/1989	
4. FEI Number 65-0128103	Applied For <input type="checkbox"/> Yes <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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34109 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 34109 28 Country
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9. Name and Address of Current Registered Agent

**KARTSIMAS, HELEN
7100 AIRPORT ROAD NORTH
NAPLES FL 34109**

10. Name and Address of New Registered Agent

81 Name St. Katherine Greek Orthodox Church		
82 Street Address (P.O. Box Number is Not Acceptable) 7100 Airport Rd. N.		
83		
84 City Naples	85 State FL	86 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 JUNE KAMVIS *June Kamvis* **Pres.** DATE **2/16/98**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHEN J. RELLAS	
STREET ADDRESS	4451 GULF SHORE BLVD., #908	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DR. PETER J. VASILADIS	
STREET ADDRESS	807 ASHBURTON DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	URBINATI PAULA	
STREET ADDRESS	9651 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	601 SEAVIEW CT. C-208	
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	Michael Kyritsis	
2.3 STREET ADDRESS	207 Mermaids Bight	
2.4 CITY-ST-ZIP	Naples, Fl 34103	
3.1 TITLE	S	<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	June Kamvis	
4.3 STREET ADDRESS	149 St. Andrews Blvd.	
4.4 CITY-ST-ZIP	Naples, Fl 34113	
5.1 TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Helen Kartsimas	
5.3 STREET ADDRESS	7693 Pebble Creek Cir. #203	
5.4 CITY-ST-ZIP	Naples, FL 34108	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: JUNE KAMVIS *June Kamvis* **Pres.** DATE **2/16/98**

CR2E037 (10/97)