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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33856

1. Corporation Name

ST. KATHERINE'S GREEK ORTHODOX CHURCH, INC.

407560 - 90264 - 21 * *

Principal Place of Business

7100 AIRPORT RD. N.
 NAPLES FL 34109
 US

Mailing Address

7100 AIRPORT RD. N.
 NAPLES FL 34109
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/23/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0128103	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
24. Country		29. Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ST. KATHERINE GREEK ORTHODOX CHURCH 7100 AIRPORT ROAD NORTH NAPLES FL 34109				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	STAMAS, NICK	1.2 NAME	Harry Demas
STREET ADDRESS	105 TUSCANA CT. #1006	1.3 STREET ADDRESS	35 Las Brisas Way
CITY-ST-ZIP	NAPLES FL 34119	1.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	VD	2.1 TITLE	
NAME	KYRITSIS, MICHAEL	2.2 NAME	
STREET ADDRESS	207 MERMAIDS BRIGHT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	TOPOUGIS, ANA	3.2 NAME	
STREET ADDRESS	601 SEAVIEW CT., #C-206	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLANDS FL 34145	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	KAMVIS, JUNE	4.2 NAME	Christopher Chopelas
STREET ADDRESS	149 ST. ANDREWS BLVD	4.3 STREET ADDRESS	966 Woodside Ln. #G-201
CITY-ST-ZIP	NAPLES FL 34113	4.4 CITY-ST-ZIP	Naples, FL 34105
TITLE	ATD	5.1 TITLE	
NAME	KARTSIMAS, HELEN	5.2 NAME	
STREET ADDRESS	7693 PEBBLE CREEK CIR., #203	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	ASD
NAME		6.2 NAME	Paula Urbinati
STREET ADDRESS		6.3 STREET ADDRESS	9651 Winterview Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, FL 34109

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, with all other like empowered.

SIGNATURE: *[Signature]* (941) 591-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD2E037 11/091