

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90013 049 ****61.25

DOCUMENT # N33856
 1. Entity Name
ST. KATHERINE'S GREEK ORTHODOX CHURCH, INC.

Principal Place of Business Mailing Address
 7100 AIRPORT RD. N. 7100 AIRPORT RD. N.
 NAPLES FL 34109 NAPLES FL 34109-1716
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0128103 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ST. KATHERINE GREEK ORTHODOX CHURCH
7100 AIRPORT ROAD NORTH
NAPLES FL 34109

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.
 SIGNATURE _____ DATE _____
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMAS, HARRY	
STREET ADDRESS	35 LAS BRISAS WAY	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KYRITSIS, MICHAEL	
STREET ADDRESS	207 MERMAIDS BRIGHT	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOPOUGIS, ANA	
STREET ADDRESS	601 SEAVIEW CT., #C-206	
CITY-ST-ZIP	MARCO ISLANDS FL 34145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHOPELAS, CHRISTOPHER	
STREET ADDRESS	966 WOODSIDE LN. #G-201	
CITY-ST-ZIP	NAPLES FL 34110 34105	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	KARTSIMAS, HELEN	
STREET ADDRESS	7693 PEBBLE CREEK CIR., #203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	URBINATI, PAULA	
STREET ADDRESS	9651 WINTERVIEW DR.	
CITY-ST-ZIP	NAPLES FL 34109	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7992 Beaumont Ct.	
STREET ADDRESS	Naples, Fl 34109	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anna Topougis	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Backos	
STREET ADDRESS	1100 8th Ave. S. #325-G	
CITY-ST-ZIP	Naples, Fl 34102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATD	
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: Ana Topougis 3-6-2000 941-591-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)