

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2009
Secretary of State**

DOCUMENT# N33856

Entity Name: ST. KATHERINE'S GREEK ORTHODOX CHURCH, INC.

Current Principal Place of Business:

7100 AIRPORT RD. N.
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

7100 AIRPORT RD. N.
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0128103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. KATHERINE GREEK ORTHODOX CHURCH
7100 AIRPORT ROAD NORTH
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HATZIS, DIANNE
Address: 3424 CAYMAN LANE
City-St-Zip: NAPLES, FL 34119 US

Title: VPD () Delete
Name: BOORAS, DEAN
Address: 9629 DEEP WATER COURT
City-St-Zip: NAPLES, FL 34109

Title: SD () Delete
Name: HATZIS, LINDA
Address: 3424 CAYMAN LN.
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: ALBANIS, VLASIOS D
Address: 243 COLONNADE CIRCLE
City-St-Zip: NAPLES, FL 34103

Title: ASD () Delete
Name: AVROS, JENNIFER
Address: 4557 EAAGLE KEY CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASD (X) Change () Addition
Name: AVROS, JENNIFER
Address: 4557 EAGLE KEY CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: ATD () Change (X) Addition
Name: HUNT, PETER
Address: 4622 OSSABAW WAY
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD MARFONGELLA

Electronic Signature of Signing Officer or Director

EXSY

03/16/2009

Date