

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33856

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**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  
**Name:** PAPPAS, RICHARD MR.  
**Address:** 1866 PONDSIDE LN.  
**City-St-Zip:** NAPLES, FL 34109 US

**Title:** VPD  
**Name:** KLEMES, JOHN DR.  
**Address:** 1017 BARCARMIL WAY  
**City-St-Zip:** NAPLES, FL 34110

**Title:** SD  
**Name:** HATZIS, DIANNE MS.  
**Address:** 3424 CAYMAN LA.  
**City-St-Zip:** NAPLES, FL 34119

**Title:** TD  
**Name:** ALBANIS, VLASIOS P DR  
**Address:** 243 COLONNADE CIRCLE  
**City-St-Zip:** NAPLES, FL 34103

**Title:** VPD  
**Name:** PSARAS, JOHN DR  
**Address:** 665 VIA MEZHER # 203  
**City-St-Zip:** NAPLES, FL 34108

**Title:** ATD  
**Name:** LOUKIDIS, D.K. JIM MR  
**Address:** 8375 HERITAGE LINKS CT. # 1815.  
**City-St-Zip:** NAPLES, FL 34112

I hereby 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 all other like empowered.

**SIGNATURE:** D.K. JIM LOUKIDIS

ATD

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date