

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90034 021 \*\*\*\*70.00

**DOCUMENT # N46623**

1. Entity Name  
**ORTHODOX BROTHERHOOD OF ST. SYMEON THE NEW  
THEOLOGIAN, INC.**



Principal Place of Business  
**244 N HOLIDAY  
MIRAMAR BEACH, FL 32550 US**

Mailing Address  
**276 N HOLIDAY  
MIRAMAR BEACH, FL 32550**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**23-7108718**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHANOU, EUSEBIUS A.  
276 N HOLIDAY RD  
MIRAMAR BEACH, FL 32550**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **ABBATE, CHARLES I**  
STREET ADDRESS **320 N. MARION ST.**  
CITY-ST-ZIP **OAK PARK, IL 60302**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ELYCE, MOUSKONDIS**  
STREET ADDRESS **841 JUNIPERPOINT DR**  
CITY-ST-ZIP **SALT LAKE CITY, UT 84103**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCKNIGHT, SYMEON**  
STREET ADDRESS **710 LEGION DR APT C5**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **STEPHANOU, EUSEBIUS**  
STREET ADDRESS **276 N HOLIDAY RD.**  
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ABBATE, JOSEPH**  
STREET ADDRESS **219 ANN CIR #A**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **KANIARIS, JOHN**  
STREET ADDRESS **6347 CASTLE HILL DR**  
CITY-ST-ZIP **MIDDLETOWN, OH 45044**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

*Rev. Eusebius Stephanou, president*