

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730517

Entity Name: ST. KATHERINE, GREEK ORTHODOX CHURCH OF BREVARD COUNTY, INC.**FILED**
Jan 25, 2018
Secretary of State
CC2649285216**Current Principal Place of Business:**5965 WICKHAM ROAD
MELBOURNE, FL 32940-2003**Current Mailing Address:**5965 WICKHAM ROAD
MELBOURNE, FL 32940-2003 US**FEI Number: 59-1558034****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PANOUSES, KURT ESQ
310 FIFTH AVENUE
INDIALANTIC, FL 32903 US*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: KURT PANOUSES****01/25/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name PAPPADMETRIOU, BASIL
Address 1035 MANDARIN AVENUE
City-State-Zip: PALM BAY FL 32905**Title** VP
Name OROSZ, WILLIAM
Address 2565 SUMMER BROOK STREET
City-State-Zip: MELBOURNE FL 32940**Title** TT
Name FOTOPOULOS, EVANGELIA
Address 18 MARINE ISLES BLVD. #205
City-State-Zip: INDIAN HARBOR BEACH FL 32937**Title** SD
Name SAMITAS, MARYELEN
Address 6086 INDIGO CROSSING DRIVE
City-State-Zip: ROCKLEDGE FL 32955**Title** ATT
Name MILLER, KENNETH DR.
Address 1534 CYPRESS TRACE DRIVE
City-State-Zip: MELBOURNE FL 32940**Title** ASST. SECRETARY
Name THOMSON, DONNA
Address PO BOX 541315
City-State-Zip: MERRITT ISLAND FL 32954

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: BASIL PAPPADMETRIOU**PRESIDENT****01/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date