

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33856

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

**Current Principal Place of Business:**

7100 AIRPORT RD. N.  
NAPLES, FL 34109

**Current Mailing Address:**

7100 AIRPORT RD. N.  
NAPLES, FL 34109 US

**FEI Number: 65-0128103**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PAPPAS, RICHARD MR.  
Address 1866 PONDSIDE LN.  
City-State-Zip: NAPLES FL 34109

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

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

Title TD  
Name ALBANIS, VLASIOS PDR  
Address 243 COLONNADE CIRCLE  
City-State-Zip: NAPLES FL 34103

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

Title ATD  
Name LOUKIDIS, D.K. JIM MR  
Address 8375 HERITAGE LINKS CT. # 1815.  
City-State-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: LOUKIDIS D.K. JIM**

**ASSISTANT TREASURER 01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date