

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33856

FILED
Feb 06, 2018
Secretary of State
CC6628205224

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

Current Principal Place of Business:

7100 AIRPORT ROAD NORTH
NAPLES, FL 34109

Current Mailing Address:

7100 AIRPORT ROAD.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 DIRECTOR
Name BODNARCHUK, MELVIN
Address 3338 SANDPIPER WAY
City-State-Zip: NAPLES FL 34109

Title VP
Name KETIS, JAMES
Address 14531 JEKYLL ISLAND COURT
City-State-Zip: NAPLES FL 34119

Title VP
Name TEREZI, ROMEO
Address 224 BAREFOOT BEACH BLVD
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER
Name NICHOLS, MICHAEL
Address 21737 WINDHAM RUN
City-State-Zip: ESTERO FL 33928

Title PRESIDENT
Name FRANGAKIS, FOTI JOHN
Address 285 GRAND WAY #1601
City-State-Zip: NAPLES FL 34110

Title ASST. TREASURER
Name MANAS, SPERO
Address 3081 WINDSONG COURT #804
City-State-Zip: NAPLES FL 34109

Title ASST. TREASURER
Name KACOS, DEAN
Address 14577 LANIER COURT
City-State-Zip: NAPLES FL 34114

Title DIRECTOR
Name GAMOURAS, GEORGE
Address 494 HERON AVE
City-State-Zip: NAPLES FL 34108

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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: MICHAEL NICHOLS

TREASURER

02/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POUPOULOS, ANASTASIA
Address 13738 CALLISTRO AVE
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name THOMAS, MANUEL
Address 28020 EAGLE BAY COURT
City-State-Zip: BONITA SPRINGS FL 34135