FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -6 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28088 (5)

1. Corporation Name

THE HOLY SPIRIT ORTHODOX CHURCH, INC.

Principal Place of Business	Mailing Address
700 SHAMROCK BLVD VENICE FL 34293 US	700 SHAMROCK BLVD VENICE FL 34293 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1988
3a. Date of Last Report: 02/09/1994
4. FEI Number: 65-0082873 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MATIUK, ALEXANDER
334 PASSAGE WAY
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☑ Addition
NAME	GAFTON, LUCIAN T.	1.2 NAME		
STREET ADDRESS	1100 CAPRI ISLES BLVD, APT 213	1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	34292	
TITLE	~~VD~~	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~JACOBS, GEORGE~~	2.2 NAME	DUBINKA, SOPHIA	
STREET ADDRESS	~~1210 WHITNEY DR~~	2.3 STREET ADDRESS	701 VENICE AVE. WEST	
CITY-ST-ZIP	~~VENICE FL~~	2.4 CITY-ST-ZIP	VENICE, FL 34285	
TITLE	S	3.1 TITLE		☐ Change ☑ Addition
NAME	MATIUK, ALEXANDER	3.2 NAME		
STREET ADDRESS	334 PASSAGE WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL	3.4 CITY-ST-ZIP	34229	
TITLE	TD	4.1 TITLE		☐ Change ☑ Addition
NAME	MATIUK, ANN	4.2 NAME		
STREET ADDRESS	334 PASSAGE WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP	34229	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KANARSKY, JOHN	5.2 NAME		
STREET ADDRESS	9097 BERENDO AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☑ Addition
NAME	HREHA, MARY	6.2 NAME		
STREET ADDRESS	4430 ARDALE STR	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	34232	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alexander Matiuk Alexander Matiuk March 1, 1995 (813)966-7871
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary

0081494