

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/26/1988

3a. Date of Last Report

03/06/1995

4. FEI Number

65-0082873

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

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

10. Name and Address of New Registered Agent

**MATIUK, ALEXANDER
334 PASSAGE WAY
OSPREY FL 34229**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
GAFTON, LUCIAN T.**
STREET ADDRESS **1100 CAPRI ISLES BLVD, APT 213**
CITY-ST-ZIP **VENICE FL**

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD
DUBINKA, SOPHIA**
STREET ADDRESS **701 VENICE AVE W**
CITY-ST-ZIP **VENICE FL**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S
MATIUK, ALEXANDER**
STREET ADDRESS **334 PASSAGE WAY**
CITY-ST-ZIP **OSPREY FL**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TD
MATIUK, ANN**
STREET ADDRESS **334 PASSAGE WAY**
CITY-ST-ZIP **OSPREY FL**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D
KANARSKY, JOHN**
STREET ADDRESS **9097 BERENDO AVE**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D
HREHA, MARY**
STREET ADDRESS **4430 ARDALE STR**
CITY-ST-ZIP **SARASOTA FL**

61 TITLE ☒ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**BRIAN LEVINE
1070 LAUREL RD. E.
NOKOMIS, FL. 34275**

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)(k), 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 Matruk* - ALEXANDER MATIUK APR. 27, 1996 (941) 966-7871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)