

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

700 SHAMROCK BLVD
VENICE FL 34293
US

Mailing Address

700 SHAMROCK BLVD
VENICE FL 34293-1835
US3. Date Incorporated or Qualified
08/26/19883a. Date of Last Report
05/01/1996

4. FEI Number

65-0082873

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAFTON, LUCIAN T.	
STREET ADDRESS	1100 CARRI ISLES BLVD, APT 210	
CITY-ST-ZIP	VENICE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FR. CATALINO, MOT	
1.3 STREET ADDRESS	516 PORPOISE RD.	
1.4 CITY-ST-ZIP	VENICE, FL 34298	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUBINKA, SOPHIA	
STREET ADDRESS	701 VENICE AVE W	
CITY-ST-ZIP	VENICE FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEVINE, BRIAN	
2.3 STREET ADDRESS	429 GLEN OAKS RD	
2.4 CITY-ST-ZIP	VENICE, FL 34298	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MATIUK, ALEXANDER	
STREET ADDRESS	334 PASSAGE WAY	
CITY-ST-ZIP	OSPREY FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATIUK, ANN	
STREET ADDRESS	334 PASSAGE WAY	
CITY-ST-ZIP	OSPREY FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KANAROKY, JOHN	
STREET ADDRESS	9087 BERENDO AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAMA, ANN	
5.3 STREET ADDRESS	991 POSADES EAST	
5.4 CITY-ST-ZIP	VENICE, FL 34292	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, BRIAN	
STREET ADDRESS	1070 LAUREL RD E	
CITY-ST-ZIP	NOKOMIS FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHUBNER, HILDEGARD	
6.3 STREET ADDRESS	2644 NAUSSAU ST	
6.4 CITY-ST-ZIP	SARASOTA, FL 34231	

14. I do hereby certify that the information supplied with this filing 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 Feb. 10, 1997 966-7871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084725

CR2E037 (9/96)