FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

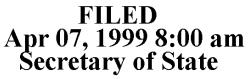


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28088



04-07-1999 90058 005 ****61.25

1. Corporation Name								
THE HOLY SPIRIT ORTHODOX CHURCH, INC.								
IHE HU	LY SPINIT ON THOUGH CHU	non, ino						
1								
Principal Place of Business Mailing Address								
700 SHAMROO				FIREINAL AND THOSE SOME BOIDS IN THE PROPERTY.	ALBER BLOKE BEDER BLO	II. 616 II 1 66)		
700 SHAMROCK BLVD 700 SHAMROCK BLVD VENICE FL 34293 VENICE FL 34293								
US US						E ARBENTAN AND NEWS COUNT OFFICE FOR INCIDENCE OF INCIDEN	 	
ł								
						3. Date Incorporated or Qualifed		
├	incipal Place of Business 2a. Mailing Address					08/26/1988		.
26						4. FEI Number	Apr	plied For
						65-0082873		Applicable
22 27							\$8.75 A	
23 <u>28</u>				-		5. Certificate of Status Desired	Fee Re	quired
Zip	Country	Zip	Cour	ıtry		6. Election Campaign Financing	\$5.00	May Be
24	25	29	30	-		Trust Fund Contribution	Added to	
	9. Name and Address of Current					10. Name and Address of New Registere	d Agent	
·			81 Name				ļ	
IACOBE	CEODGE			82 Street	Addro	ss (P.O. Box Number is Not Acceptable)		
JACOBS, GEORGE				oz Sueet	Audie	SS (F.O. Box Number is Not Acceptable)		
620 GRANADA AVE VENICE FL 34285				83			_	
VENICE F	L 34200		ļ	04 0:5:			85 Zip C	-046
			;	84 City		F	L S Zipc	,,,,,
4.7 Control of Control								registered
11. Pursuant to the provisions of Sections of 7.0502 and of 7.1502 and o								gistered
SIGNATURE GBORGE SACOBS Surg Surch 3/3/99								9
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	: Registered	Agent signature	per per	when reinstating DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TIT	LE	T	D = -	Change	Addition
NAME	FR CATALIN O MOT		1.2 NA	ME	\ \rac{1}{2}	TITRI MOUSS	Ą	ł
STREET ADDRESS	516 PORPOISE RD		1.3 STI	REET ADDRESS	2	SS GARDENIA NICE PL 3359	RD.	1
CITY-ST-ZIP	VENICE FL	\	1.4 CIT	Y-ST-ZIP	X	PNICE PL. 3359	25	
TITLE	VD	DELETE		LE			☐ Change	Addition
NAME	Kozak, Tony		2.2 NA	MÉ				ļ
STREET ADDRESS	' ' '		2.3 ST	REET ADDRESS	1			
CITY-ST-ZIP	VENICE FL 34292			ry-st-zip	<u> </u>			Addition
, TITLE _	ا معمل د المحمل د المحمل د المحمل المام (SD د	DELETE	3,1 TIT			والمعادية والأراب والمعادية والمعادية	☐ Change	Addition
NAME	JACOBS, GEORGE		3.2 NA		-			ļ
STREET ADDRESS	620 GRANADA AVE		3.3 ST	REET ADDRESS				
CITY-ST-ZIP	VENICE FL 34285	——————————————————————————————————————		ry-ST-ZIP	-		Change	Addition
TITLE	TD	PELETE	4.1 TIT		1		Change	☐ Magagon
NAME	LASLO, JOHN		4. 2 NA		ł			
STREET ADDRESS	402 CERVINA DR N		1	REET ADDRESS				
CITY-ST-ZIP	VENICE FL 34292			Y-ST-ZIP	-		Change	Addition
TITLE	D	☐ DELETE	5.1 TIT				Change	
NAME	SCHEIBNER, HILDEGARD		5.2 NA					}
STREET ADDRESS				REET ADDRESS	Ί			.]
CITY-ST-ZIP	SARASOTA FL 34231	□ SELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP	 		☐ Change	Addition
TITLE		☐ DELETE					Change	
NAME			6.2 NA		1			ļ
STREET ADDRESS	}			REET ADDRESS	1			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP				

14. I hereby certify that the information supplied with this filling 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 suppliemental 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, with all other like empowered.

SIGNATURE: GEOCIGENTIAL OF BEQUISES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 (941)484-2118 Date Phone #