

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# 736619

Entity Name: HOLY CROSS ORTHODOX CHURCH, INC.

Current Principal Place of Business:

2365 S OLGA DR SE
FT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

3704 SE 12TH CT.
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 59-2070980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALCESKI, LEONID REV
3704 S.E. 12TH CT.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRUBLEVSKI, JOHN P JR
Address: 7241 BRANCH TERRACE
City-St-Zip: NORTH PORT, FL

Title: FS () Delete
Name: CASEY, JULIANA I
Address: 1323 SE 37TH LN
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: ADAMCHAK, ANNA
Address: 1112 SE 33RD ST
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: PALCESKI, V. REV. LEONID
Address: 3704 SE 12TH CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: GALA, JOHN
Address: 1309 NE 21ST PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: S () Delete
Name: ALEXION, JENNIFER
Address: 4402 SE SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ALEXION, JENNIFER
Address: 1821 LAGOON LN
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIANA I CASEY

Electronic Signature of Signing Officer or Director

FS

01/25/2006

Date