

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736619

FILED  
Jan 21, 2008  
Secretary of State

**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:**

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

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: REV. LEONID PALCESKI

01/21/2008

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: BOBROVA, NATALIA  
Address: 2511 11TH ST. WEST  
City-St-Zip: LEHIGH ACRES, FL 33971

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

I hereby certify that the information supplied with this filing does not qualify 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

FS

01/21/2008

Electronic Signature of Signing Officer or Director

Date