

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

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VENICE FL 34293
US

3. Date Incorporated or Qualified

08/26/1988

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

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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

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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 type="checkbox"/> DELETE
NAME	GAFTON, LUCIAN T.	
STREET ADDRESS	1100 CAPRI ISLES BLVD, APT 213	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUBINKA, SOPHIA	
STREET ADDRESS	701 VENICE AVE W	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATIUK, ALEXANDER	
STREET ADDRESS	334 PASSAGE WAY	
CITY-ST-ZIP	OSPREY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATIUK, ANN	
STREET ADDRESS	334 PASSAGE WAY	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANARSKY, JOHN	
STREET ADDRESS	9097 BERENDO AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HREHA, MARY	
STREET ADDRESS	4430 ARDALE STR	
CITY-ST-ZIP	SARASOTA FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	BRIAN LEVINE
63 STREET ADDRESS	1070 LAUREL RD. G.
64 CITY-ST-ZIP	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 Matiuk* - ALEXANDER MATIUK APR. 27, 1996 (94) 966-7871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)