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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

700 SHAMROCK BLVD
VENICE FL 34293-1835
US

3. Date Incorporated or Qualified
08/26/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0082873

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State

27 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

23 Zip

Country

28 Zip

Country

24

25

29

30

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	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAFFON, LUCIAN T.	1.2 NAME	FR. CATALINO, MGT
STREET ADDRESS	1100 CARRI ISLES BLVD, APT 210	1.3 STREET ADDRESS	516 PORPOISE RD.
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FL 34298
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBINKA, SOPHIA	2.2 NAME	LEVINE, BRIAN
STREET ADDRESS	701 VENICE AVE W	2.3 STREET ADDRESS	429 GLEN OAKS RD
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE, FL 34298
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATIUK, ALEXANDER	3.2 NAME	
STREET ADDRESS	334 PASSAGE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATIUK, ANN	4.2 NAME	
STREET ADDRESS	334 PASSAGE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANAROKY, JOHN	5.2 NAME	JAMA, ANN
STREET ADDRESS	9087 BERENDO AVE	5.3 STREET ADDRESS	991 POSADES EAST
CITY-ST-ZIP	ENGLEWOOD FL 34224	5.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, BRIAN	6.2 NAME	SCHUBNER, HILDEGARD
STREET ADDRESS	1070 LAUREL RD E	6.3 STREET ADDRESS	2644 NAUSSAU ST
CITY-ST-ZIP	NOKOMIS FL	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 # 0064725

CR2E037 (9/96)