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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28088** (5)
1. Corporation Name
THE HOLY SPIRIT ORTHODOX CHURCH, INC.



Principal Place of Business 700 SHAMROCK BLVD VENICE FL 34293 US	Mailing Address 700 SHAMROCK BLVD VENICE FL 34293 US
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3. Date Incorporated or Qualified 08/26/1988	
4. FEI Number 65-0082873	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N.A.

9. Name and Address of Current Registered Agent
**MATIUK, ALEXANDER
334 PASSAGE WAY
OSPREY FL 34229**

10. Name and Address of New Registered Agent
81 Name **JACOBS, GEORGE**
82 Street Address (P.O. Box Number is Not Acceptable)
620 GRANADA AVE.
83
84 City **VENICE** FL 85 Zip Code **34285**

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 *George Jacobs* **SECRETARY** **MAR. 8, 1998**
Signature, typed or printed name of registered agent, if title is applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FR CATALINO, OMOT X	
STREET ADDRESS	516 PORPOISE RD	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, BRIAN	
STREET ADDRESS	429 GLEN OAKS RD	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MATIUK, ALEXANDER	
STREET ADDRESS	334 PASSAGE WAY	
CITY-ST-ZIP	OSPREY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MATIUK, ANN	
STREET ADDRESS	334 PASSAGE WAY	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMA, ANN X	
STREET ADDRESS	991 ROSADE EAST	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUBNER, HILDEGARD X	
STREET ADDRESS	2644 NASSAU ST	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FR. CATALIN O. MOT	
1.3 STREET ADDRESS	1629 SHAMROCK BLVD	
1.4 CITY-ST-ZIP	VENICE, FL 34293	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOZAK, TONY	
2.3 STREET ADDRESS	744G AVENIDA ESTANCIA	
2.4 CITY-ST-ZIP	VENICE, FL. 34292	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACOBS, GEORGE	
3.3 STREET ADDRESS	620 GRANADA AVE	
3.4 CITY-ST-ZIP	VENICE, FL. 34285	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LASLO, JOHN	
4.3 STREET ADDRESS	402 CERVINA DR. N	
4.4 CITY-ST-ZIP	VENICE, FL. 34292	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHUBNER, HILDEGARD	
6.3 STREET ADDRESS	2644 NASSAU ST	
6.4 CITY-ST-ZIP	SARASOTA, FL 34231	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Fr. Catalin* **FR. CATALIN** **MAR. 8, 1998** (add) 197-1011

CR2E037 (10/97)