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**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90058 005 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28088**  
 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified <b>08/26/1988</b>	4. FEI Number <b>65-0082873</b>	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

**JACOBS, GEORGE**  
**620 GRANADA AVE**  
**VENICE FL 34285**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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** *George Jacobs* DATE **3/31/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FR CATALIN O MOT	
STREET ADDRESS	516 PORPOISE RD	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KOZAK, TONY	
STREET ADDRESS	744 G AVENIDA ESTANCIA	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACOBS, GEORGE	
STREET ADDRESS	620 GRANADA AVE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LASLO, JOHN	
STREET ADDRESS	402 CERVINA DR N	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHEIBNER, HILDEGARD	
STREET ADDRESS	2644 NASSAU ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MITRI MOUSSA	
1.3 STREET ADDRESS	255 GARDENIA RD.	
1.4 CITY-ST-ZIP	VENICE FL 33595	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: **GEORGE JACOBS** *George Jacobs* DATE **3/31/99** (941) 484-2118