


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N28088 1. Entity Name THE HOLY SPIRIT ORTHODOX CHURCH, INC.	
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Principal Place of Business 700 SHAMROCK BLVD VENICE, FL 34293 US	Mailing Address 700 SHAMROCK BLVD VENICE, FL 34293 US
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DO NOT WRITE IN THIS SPACE

03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0082873	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOCHNAK, GREGORY
 11485 DANCING RIVER DRIVE
 VENICE, FL 34292

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000871959 04/16/08-80017-013 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS DEMIS, BARBARA 915 BECKLEY DR VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR BOCHNAK, GREGORY 11485 DANCING RIVER DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS MORRIS, LYNNE M 4717 BONITA RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory Bochnak **GREGORY BOCHNAK** 3/25/08 941-544-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #