


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000293</b>	
1. Entity Name ST ALEXIS OF WILKES-BARRE ORTHODOX CHURCH, INC.	

Principal Place of Business 1168 ROUTE 100 BUNNELL, FL 32110	Mailing Address PO BOX 1082 BUNNELL, FL 32110
--	---

**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3228127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  STEVENS, V REV. MARK 4586 REDMOND PLACE SANFORD, FL 32771
--

**DO NOT WRITE IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
-----------------	---	------------

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000807413 02/07/08-80007-017 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTNIK, HELEN 38 ELIAS LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOZACK, BARBARA 127 WEST WATERSIDE PKWY PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD HUTNIK, ALEXANDER 38 ELIAS LN PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHECKLIN, TAMARA 28 ST. ANDREWS CT. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLESCHUK, MICHAEL 9 CLOVERDALE CT. SOUTH PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLESCHUK, HENRY 9 CLOVERDALE CT. SOUTH PALM COAST, FL 32137

**DO NOT WRITE IN THIS SPACE**

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: <u>Barbara Kozack</u>	1/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #