

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000293

FILED  
Feb 07, 2009  
Secretary of State

Entity Name: ST ALEXIS OF WILKES-BARRE ORTHODOX CHURCH, INC.

## Current Principal Place of Business:

1168 ROUTE 100  
BUNNELL, FL 32110

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1082  
BUNNELL, FL 32110

## New Mailing Address:

P.O. BOX 1082  
BUNNELL, FL 32110 US

FEI Number: 59-3228127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEVENS, V REV. MARK  
4586 REDMOND PLACE  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: HUTNIK, HELEN  
Address: 38 ELIAS LANE  
City-St-Zip: PALM COAST, FL 32164

Title: SD ( ) Delete  
Name: KOZACK, BARBARA  
Address: 127 WEST WATERSIDE PKWY  
City-St-Zip: PALM COAST, FL 32137

Title: TRD ( ) Delete  
Name: HUTNIK, ALEXANDER  
Address: 38 ELIAS LN  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: CHECKLIN, TAMARA  
Address: 28 ST. ANDREWS CT.  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: POLESCHUK, MICHAEL  
Address: 9 CLOVERDALE CT. SOUTH  
City-St-Zip: PALM COAST, FL 32137

Title: PD ( ) Delete  
Name: POLESCHUK, HENRY  
Address: 9 CLOVERDALE CT. SOUTH  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA KOZACK

SD

02/07/2009

Electronic Signature of Signing Officer or Director

Date