

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000293

FILED  
Feb 15, 2012  
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:**

P.O. BOX 1082  
BUNNELL, FL 32110 US

**New Mailing Address:**

**FEI Number:** 59-3228127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VERY REV. THEODORE PISARCHUK  
12460 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258 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: PD  
Name: POLESCHUK, HENRY  
Address: 9 CLOVERDALE CT. SOUTH  
City-St-Zip: PALM COAST, FL 32137 US

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

Title: TRD  
Name: PEARCE, WILLIAM  
Address: 5 EDWARD DRIVE  
City-St-Zip: PALM COAST, FL 32164 US

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

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

Title: O/D  
Name: THEODORE, STAVRU  
Address: 58 EBB TIDE DRIVE  
City-St-Zip: PALM COAST, FL 32164

I hereby 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 all other like empowered.

SIGNATURE: BARBARA KOZACK

SD

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date