

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  |                                                                      |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 701870</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                  |                                                                      |  |  |
| 1. Entity Name<br><b>THE HOLY CROSS ROMANIAN ORTHODOX CHURCH OF BROWARD COUNTY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                  |                                                                      |                                                                                   |  |
| Principal Place of Business<br><b>6232 FILMORE STREET<br/>HOLLYWOOD FL 33024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                  | Mailing Address<br><b>6232 FILMORE STREET<br/>HOLLYWOOD FL 33024</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                  | 3. Mailing Address                                                   |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                  | Suite, Apt. #, etc.                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                  | City & State                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                  | Zip                                                                              | Country                                                              | 4. FEI Number<br><b>59-1648917</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  |                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                  |                                                                      |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  | 7. Name and Address of New Registered Agent                          |                                                                                   |  |
| <b>NISIOI, VASILE<br/>4915 SW 33 AVE<br/>FORT LAUDERDALE FL 33312</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                  | Name                                                                 |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  | Street Address (P.O. Box Number is Not Acceptable)                   |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  | City                                                                 |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  | FL Zip Code                                                          |                                                                                   |  |
| 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 <i>Vasile Nisioi</i> <b>03-19-2005</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                  |                                                                      |                                                                                   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                      | <b>\$5.00 May Be Added to Fees</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | <b>Make Check Payable to Florida Department of State</b>                         |                                                                      |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD                       | <input type="checkbox"/> Delete                                                  | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NISIOI, VASILE           |                                                                                  | NAME                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4915 SW 33 AVE           |                                                                                  | STREET ADDRESS                                                       |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FORT LAUDERDALE FL 33312 |                                                                                  | CITY - ST - ZIP                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V                        | <input type="checkbox"/> Delete                                                  | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NECULA, CONSTANTIN       |                                                                                  | NAME                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1400 POLK ST             |                                                                                  | STREET ADDRESS                                                       |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HOLLYWOOD FL 33020       |                                                                                  | CITY - ST - ZIP                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD                       | <input type="checkbox"/> Delete                                                  | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BRATULESCU, PATRICIA     |                                                                                  | NAME                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1846 MAYO ST.            |                                                                                  | STREET ADDRESS                                                       |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HOLLYWOOD FL 33020       |                                                                                  | CITY - ST - ZIP                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T                        | <input type="checkbox"/> Delete                                                  | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NECULA, MARIOARA         |                                                                                  | NAME                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1400 POLK ST             |                                                                                  | STREET ADDRESS                                                       |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HOLLYWOOD FL 33020       |                                                                                  | CITY - ST - ZIP                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MD                       | <input type="checkbox"/> Delete                                                  | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NISIOI, LUCIA            |                                                                                  | NAME                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4915 SW 33 AVE           |                                                                                  | STREET ADDRESS                                                       |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FORT LAUDERDALE FL 33312 |                                                                                  | CITY - ST - ZIP                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                        | <input type="checkbox"/> Delete                                                  | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SFERA, JON REV           |                                                                                  | NAME                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6232 FILMORE ST          |                                                                                  | STREET ADDRESS                                                       |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HOLLYWOOD FL 33024       |                                                                                  | CITY - ST - ZIP                                                      |                                                                                   |  |
| 12. 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 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: <i>Jon Sfera</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                  | <b>03-19-2005 954-983-0592</b>                                       |                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                  | <small>Date Daytime Phone #</small>                                  |                                                                                   |  |



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1648917**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NISIOI, VASILE  
4915 SW 33 AVE  
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 *Vasile Nisioi* **03-19-2005**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME NISIOI, VASILE

STREET ADDRESS 4915 SW 33 AVE

CITY - ST - ZIP FORT LAUDERDALE FL 33312

TITLE V ☐ Delete

NAME NECULA, CONSTANTIN

STREET ADDRESS 1400 POLK ST

CITY - ST - ZIP HOLLYWOOD FL 33020

TITLE SD ☐ Delete

NAME BRATULESCU, PATRICIA

STREET ADDRESS 1846 MAYO ST.

CITY - ST - ZIP HOLLYWOOD FL 33020

TITLE T ☐ Delete

NAME NECULA, MARIOARA

STREET ADDRESS 1400 POLK ST

CITY - ST - ZIP HOLLYWOOD FL 33020

TITLE MD ☐ Delete

NAME NISIOI, LUCIA

STREET ADDRESS 4915 SW 33 AVE

CITY - ST - ZIP FORT LAUDERDALE FL 33312

TITLE D ☐ Delete

NAME SFERA, JON REV

STREET ADDRESS 6232 FILMORE ST

CITY - ST - ZIP HOLLYWOOD FL 33024

12. 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 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: *Jon Sfera*

**03-19-2005 954-983-0592**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date Daytime Phone #