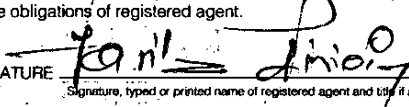
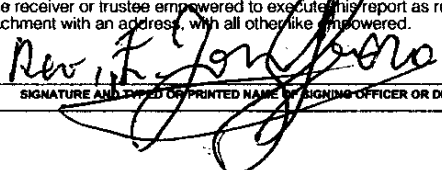


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90033 031 ****70.00

DOCUMENT # 701870 1. Entity Name THE HOLY CROSS ROMANIAN ORTHODOX CHURCH OF BROWARD COUNTY, INC.					
Principal Place of Business 6232 FILMORE STREET HOLLYWOOD, FL 33024			Mailing Address 6232 FILMORE STREET HOLLYWOOD, FL 33024		
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 59-1648917	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
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 NISIOI, VASILE Street Address (P.O. Box Number is Not Acceptable) 400 S. HOLLYBROOK DR. #208 City PEMBROKE PINES FL Zip Code 33025	
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  Signature, typed or printed name of registered agent and title if applicable. 02/13/06 DATE (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	TITLE	☐ Change ☐ 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	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	NECULA, CONSTANTIN		NAME	VP LUCIAN, GEORGESCU	
STREET ADDRESS	1400 POLK ST		STREET ADDRESS	1717 N. BAYSHORE DR. # 3151	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRATULESCU, PATRICIA		NAME		
STREET ADDRESS	1846 MAYO ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	NECULA, MARIOARA		NAME	T BUCKLEY, MARY	
STREET ADDRESS	1400 POLK ST		STREET ADDRESS	1420 ATLANTIC SHORES BLVD. #281	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	MD	☐ Delete	TITLE	☐ Change ☐ 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	☐ Delete	TITLE	☐ Change ☐ 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 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 answered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/13/06 954/983-0592 Date Daytime Phone #		