2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707626

FILED Jul 11, 2006 Secretary of State

Entity Name: HOLY CROSS CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

410 S MAGNOLIA AVENUE SANFORD, FL 32771 US

Current Mailing Address: New Mailing Address:

410 S MAGNOLIA AVENUE SANFORD, FL 32771 US

FEI Number: 59-0910350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TAYLOR GARY D

304 W 24TH STREET

SANFORD, FL 32771 US

TRAMELL, FRED H

203 E. 3RD STREET

204

SANFORD, FL 32771 US

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: FRED H. TRAMELL 07/11/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T () Delete Title: T (X) Change () Addition

 Name:
 TAYLOR, GARY D
 Name:
 TRAMELL, FRED H

 Address:
 304 W. 24TH ST.
 Address:
 203 E. 3RD STREET, SUITE 204

City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32771

 Title:
 DV
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 RICKER, PHILIP
 Name:
 VERNON, MICHEAL H

Address: 110 LARKWOOD DR Address: 633 CHATAF COURT
City-St-Zip: SANFORD, FL 32771 City-St-Zip: LAKE MARY, FL 32746

Title: DS () Delete Title: VP (X) Change () Addition

Name: MCCARTHY, LAURA J
Address: 1930 WEST FINLAND DRIVE
Name: GRAHAM, JACK
Address: 410 S. MAGNOLIA AVENUE

City-St-Zip: DELTONA, FL 32725 Address: 410 3. MAGNOLIA AVENDE

Title: DP (X) Delete Title: () Change () Addition

 Name:
 VERNON, MICHAEL H
 Name:

 Address:
 846 KINGSBRIDGE DRIVE
 Address:

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRED H. TRAMELL T 07/11/2006