

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **754071** (9)

1. Corporation Name

**HOLY TRINITY ROMANIAN ORTHODOX CHURCH OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

1850 SW 60TH TERRACE  
MIRAMAR FL 33023

1850 SW 60TH TERRACE  
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>09/08/1980</b>	3a. Date of Last Report <b>06/14/1994</b>
4. FEI Number <b>59-2655883</b>	Applied For Not Applicable
5. Certificates of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>DJULVEZ, VIOREL</b> <b>2450 GARFIELD STREET</b> <b>HOLLYWOOD FL 33020</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DJULVEZ, VIOREL	1.2 NAME	<b>100001491841</b>
STREET ADDRESS	2450 GARFIELD STREET	1.3 STREET ADDRESS	<b>-05/17/95--01142--016</b>
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERU, LIVIA	2.2 NAME	<b>TD</b>
STREET ADDRESS	3230 PIERCE STREET	2.3 STREET ADDRESS	<b>BOHUS Teodora</b>
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	<b>2118 NE 32 Ave. Hollywood FL 33021</b>
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGOITA, VASILE	3.2 NAME	<b>S.</b>
STREET ADDRESS	620 NE 12TH AVE., #707	3.3 STREET ADDRESS	<b>Mrs. SASU Rodica</b>
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	<b>#33023</b> <b>1850SW.60th.Terrace, Miramar, Fl.</b>
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHUS, JOHN	4.2 NAME	
STREET ADDRESS	2118 N. 32ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASILIU, JOHN	5.2 NAME	
STREET ADDRESS	1850 SW 60TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASU, DIMITRU VIOREL	6.2 NAME	<b>205</b>
STREET ADDRESS	1850 SW 60TH TERRACE	6.3 STREET ADDRESS	<b>5-1-95</b>
CITY-ST-ZIP	MIRAMAR FL 33023	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rev. Fr. SASU Dimitru Viorel** *Rev. Fr. Sasu* **205-963-4790**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **March 20/95** (Daytime Phone #)