

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754071 (9)**

1. Corporation Name  
**HOLY TRINITY ROMANIAN ORTHODOX CHURCH OF FLORIDA, INC.**



Principal Place of Business <b>1850 SW 60TH TERRACE MIRAMAR FL 33023</b>	Mailing Address <b>1850 SW 60TH TERRACE MIRAMAR FL 33023-2906</b>
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3. Date Incorporated or Qualified <b>09/08/1980</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2655883</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**P/D**  
**IOAN, BOHUS**  
**2118 N. 32ND AVE**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Ioan Bohus **BOHUS IOAN** DATE: 2-25-97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>M /D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DJULVEZ, VIOREL</b>	1.2 NAME	
STREET ADDRESS	<b>2450 GARFIELD STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOHUS, TEODORA</b>	2.2 NAME	
STREET ADDRESS	<b>2118 N.E. 32ND AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODICA, SASU</b>	3.2 NAME	
STREET ADDRESS	<b>1850 S.W. 60TH TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOHUS, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>2118 N. 32ND AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	4.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VASILIU, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>1850 SW 60TH TERRACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SASU, DIMITRU VIOREL</b>	6.2 NAME	
STREET ADDRESS	<b>1850 SW 60TH TERRACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	6.4 CITY-ST-ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Rev. Fr. D.V. SASU **REQUIRED** DATE: Feb. 25 1997 DAYTIME PHONE: 954-986-9866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)