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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754071 (9)
Corporation Name
HOLY TRINITY ROMANIAN ORTHODOX CHURCH OF FLORIDA, INC.



Principal Place of Business 1850 SW 60TH TERRACE MIRAMAR FL 33023	Mailing Address 1850 SW 60TH TERRACE MIRAMAR FL 33023
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3. Date Incorporated or Qualified
09/08/1980

4. FEI Number
59-2655883 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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
85 Zip Code **FL**

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** **02/18/98**

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

12. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> DELETE
NAME	DJULVEZ, VIOREL	
STREET ADDRESS	2450 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOHUS, TEODORA	
STREET ADDRESS	2118 N.E. 32ND AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RODICA, SASU	
STREET ADDRESS	1850 S.W. 60TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOHUS, JOHN	
STREET ADDRESS	2118 N. 32ND AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	VASILIU, JOHN	
STREET ADDRESS	1850 SW 60TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SASU, DIMITRU VIOREL	
STREET ADDRESS	1850 SW 60TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33023	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T/D IOVANESCU Daniela
2.3 STREET ADDRESS	1637 Johnson St. Hollywood, Fl
2.4 CITY-ST-ZIP	#33020
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S. ANGELESCU Cristian
3.3 STREET ADDRESS	573 Slippery Street
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33327
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V. PETRESCU Dan
5.3 STREET ADDRESS	17370 NW-66 Place
5.4 CITY-ST-ZIP	Miami Lakes, FL. 33015
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE: *Rev. Fr. Dimitru V. SASU* **Rev. Fr. Dimitru V. SASU** **02/18/98** **954 986-9866**

Signature and typed or printed name of signing officer or director Date Daytime Phone # 0019101

CR2E037 (10/97)