


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90026 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754071** ✓

1. 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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2. Principal Place of Business 1 Suite, Apt. #, etc. 2 City & State 3 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/08/1980	4. FEI Number 59-2655883	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate 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		

9. Name and Address of Current Registered Agent

*RD*  
**IOAN, BOHUS**  
**2118 N. 32ND AVE**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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** DATE **3/29/99**

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

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 type="checkbox"/> DELETE
NAME	IOVANESCU, DANIELA	
STREET ADDRESS	1637 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANGHELESCU, CRISTIAN	
STREET ADDRESS	573 SLIPPERY ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33327	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOHUS, JOHN	
STREET ADDRESS	2118 N. 32ND AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETRESCU, DAN	
STREET ADDRESS	17370 NW 66TH PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Rev. Ioan Bohus* **REQUIRE DIMITRU V. SASU, 3/29/99** 954 986-9866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)