


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90118 033 \*\*\*\*61.25

<b>DOCUMENT # 754071</b>					
1. Entity Name <b>HOLY TRINITY ROMANIAN ORTHODOX CHURCH OF FLORIDA, INC.</b>					
Principal Place of Business <b>1850 SW 60TH TERRACE          MIRAMAR, FL 33023</b>		Mailing Address <b>1850 SW 60TH TERRACE          MIRAMAR, FL 33023</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2655883</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOISE, NIKOLIC</b> <b>2615 SCOTT STREET</b> <b>HOLLYWOOD, FL 33020</b>				Name <b>Mihai VOICU</b> Street Address (P.O. Box Number is Not Acceptable) <b>5560 Pacific Blvd., Ap.# 418</b> City <b>BOCA RATON</b> FL Zip Code <b>33433</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>VOICU Mihai -President</b>				DATE <b>Feb., 26/2006</b>	
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P. Ioan BOHUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDIS, ALEXANDRU		NAME	3900 N.Hills Drv.Ap.# 104	
STREET ADDRESS	3484 SW- 53 COURT		STREET ADDRESS	Hollywood, FL. 33021	
CITY-ST-ZIP	HOLLYWOOD, FL 33308		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODREANU, CLAUDIU		NAME		
STREET ADDRESS	3660 N. 56 AVENUE, APT. 608		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, GINA		NAME		
STREET ADDRESS	1445 ATLANTIC SH. BLVD. # 409		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMIS, AUREL		NAME		
STREET ADDRESS	609 NE 14 AVE, APT #501		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMAN, MARIUS		NAME		
STREET ADDRESS	9952 SW- 8 STR. # 227		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASU, DIMITRU VIOREL		NAME		
STREET ADDRESS	6055 SW- 19TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>V. Rev. Fr. Dimitru V. SASU</i>				Date <b>02/20/06</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>954-986-9866</b>	

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