


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90011 010 ****61.25

DOCUMENT # 754071

1. Entity 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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2655883

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VOICU, MIHAI
 5560 PACIFIC BLVD APT 418
 BOCA RATON, FL 33433**

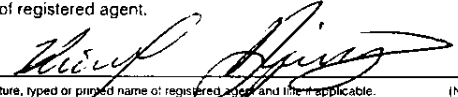
7. Name and Address of New Registered Agent

Name **DJULVEZ, VIOREL**

Street Address (P.O. Box Number is Not Acceptable)
2450 GARFIELD STREET

City **HOLLYWOOD** FL Zip Code **33020**

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  DATE **March 25/2007**

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | BOHUS, ION | |
| STREET ADDRESS | 3900 N HILLS DR APT 104 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CODREANU, CLAUDIU | |
| STREET ADDRESS | 3660 N. 56 AVENUE, APT. 608 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ALEXANDER, GINA | |
| STREET ADDRESS | 1445 ATLANTIC SH. BLVD. # 409 | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | TIMIS, AUREL | |
| STREET ADDRESS | 609 NE 14 AVE, APT #501 | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | |
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | COMAN, MARIUS | |
| STREET ADDRESS | 9952 SW- 8 STR. # 227 | |
| CITY-ST-ZIP | MIAMI, FL 33174 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SASU, DIMITRU VIOREL | |
| STREET ADDRESS | 6055 SW- 19TH TERRACE | |
| CITY-ST-ZIP | MIRAMAR, FL 33023 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SERBAN, JOHN | |
| STREET ADDRESS | 210 NW 25 PLACE | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33064 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CODREANU, CLAUDIU | |
| STREET ADDRESS | 11030 CAMERON CT, AP 208 | |
| CITY-ST-ZIP | DAVIE, FL 33324 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VOICU, MIHAI | |
| STREET ADDRESS | 5560 PACIFIC BLVD, AP 418 | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 empowers.

SIGNATURE:  DATE **March 25/2007** DAYTIME PHONE # **954-962-9866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Rev. Fr. Dimitru Viorel SASU - Rector