


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010969 1. Entity Name HOLY CROSS MANOR, INC.	
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Principal Place of Business 1000 PINEBROOK RD VENICE, FL 34285	Mailing Address 1000 PINEBROOK RD VENICE, FL 34285
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01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0492002	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent DIVITO, JOSEPH A ESQ DIVITO & HIGHAM, P.A. 4514 CENTRAL AVE ST PETERSBURG, FL 33711

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMERYK, DR VOLODYMYR 1000 PINEBROOK RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V USCHE, REV TEOFILO 506 26 ST W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTER, CATHERINE P.O. BOX 2006 VENICE, FL 342842006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, GLYNDA P.O. BOX 2006 VENICE, FL 342842006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVITO, MARILYN 506 26 ST W VENICE, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HADAAD, RAY P.O. BOX 2006 VENICE, FL 34284

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03/11/05-80023-025 61.25

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12. 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 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>Catherine D. Buster</i> SP, Secretary <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1/24/05</i> <small>Date Daytime Phone #</small>