

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001764

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: HOLY CROSS EASTERN ORTHODOX MISSION, INC.

**Current Principal Place of Business:**

1531 CENTER AVE  
HOLLY HILL, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

1531 CENTER AVE  
HOLLY HILL, FL 32117 US

**New Mailing Address:**

FEI Number: 80-0093813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AJLUNI, JEANNETTE  
341 WINDHAVEN LANE  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SALTHOUSE, ROY  
Address: 50 BUTTONWORTH DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: STOYKA, JAMES  
Address: 772 FOXHOUND DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

Title: D ( ) Delete  
Name: ROBERTSON, SANOMA  
Address: ONE TOMOKA OAKS BLVD. #101  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: MARGE, HOMA  
Address: 640 WESTWARD CIRCLE  
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete  
Name: AJLUNI, JEANNETTE  
Address: 1141 BELAIRE DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PAPADAKOS, MICHAEL  
Address: 32 PALERMO LANE  
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Change ( ) Addition  
Name: HOMA, MARGE  
Address: 640 WESTWARD CIRCLE  
City-St-Zip: HOLLY HILL, FL 32117

Title: D (X) Change ( ) Addition  
Name: AJLUNI, JEANNETTE  
Address: 341 WINDHAVEN LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. BYARS

Electronic Signature of Signing Officer or Director

REV.

04/26/2006

\_\_\_\_\_ Date