

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001764

FILED
Apr 14, 2011
Secretary of State

Entity Name: HOLY CROSS EASTERN ORTHODOX MISSION, INC.

Current Principal Place of Business:

375 FLEMING AVENUE
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

375 FLEMING AVENUE
ORMOND BEACH, FL 32174 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
Name: STOYKA, JIM
Address: 772 FOXHOUND DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VP
Name: BROWN, HENRY
Address: 4837 LAS FLORAS COURT
City-St-Zip: ELKTON, FL 32033 US

Title: D
Name: JAECKLEIN, MARIA
Address: 2 EAGLE ROCK TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

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

Title: D
Name: AJLUNI, JEANNETTE
Address: 341 WINDHAVEN LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: D
Name: BYARS, DENISE
Address: 1555 TUSCALOOSA AVENUE
City-St-Zip: HOLLY HILL, FL 32117 US

I hereby 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 all other like empowered.

SIGNATURE: JIM STOYKA

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date