## 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: New Principal Place of Business:

375 FLEMING AVENUE

ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

375 FLEMING AVENUE

ORMOND BEACH, FL 32174 US

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

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

AJLUNI, JEANNETTE 341 WINDHAVEN LANE

NEW SMYRNA BEACH, FL 32168 US

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:

Name: HOMA, MARGE

Address: 640 WESTWARD CIRCLE City-St-Zip: HOLLY HILL, FL 32117 US

Title:

Name: AJLUNI, JEANNETTE
Address: 341 WINDHAVEN LANE

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title:

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