

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90045 030 \*\*\*\*61.25

<b>DOCUMENT # N94000001123</b> 1. Entity Name <b>HOLY CROSS SUBSIDIZED RETIREMENT HOUSING CENTER, INC.</b>					
Principal Place of Business <b>1591 KIRK RD. WEST PALM BEACH FL 33406</b>		Mailing Address <b>1591 KIRK RD. WEST PALM BEACH FL 33406</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0734977</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BREZNEN, REV. MICHAEL A 9311 YEARLING LAKE WORTH FL 33467</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>Pres</b>	<b>DP</b> <b>BREZNEN, REV. MICHAEL</b> <b>9311 YEARLING</b> <b>LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete		TITLE <b>Treasurer</b>	<b>Harnish, Martin</b> <b>2285 Edgewater</b> <b>West Palm Beach FL 33406</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <b>DV</b>	<b>ROBINSON, JAMES</b> <b>2461 VILLAGE BLVD #105</b> <b>WEST PALM BEACH FL 33409</b> <input checked="" type="checkbox"/> Delete		TITLE <b>VI</b>	<b>Thompson, John</b> <b>4289 Dorothea Dr.</b> <b>Lake Worth, FL 33463</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <b>DS</b>	<b>ROBINSON, JAMES</b> <b>322 SW LAKE FOREST WAY</b> <b>PORT SAINT LUCIE FL 34986</b> <input checked="" type="checkbox"/> Delete		TITLE <b>Secretary</b>	<b>Susco, Barbara</b> <b>7164 St. Andrews Rd.</b> <b>Lake Worth, FL 33467</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <b>S</b>	<b>BLOBAUM, AUDREY</b> <b>6034 FOREST HILL BLVD.</b> <b>WEST PALM BEACH FL 33415</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>R. Michael A. Brezny</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/17/04</b> Daytime Phone # <b>965-4622</b>		