

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90060 004 ****61.25

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01122006 Chg-NP CR2E037 (11/05)

DOCUMENT # N94000001123					
1. Entity Name HOLY CROSS SUBSIDIZED RETIREMENT HOUSING CENTER, INC.					
Principal Place of Business 1591 KIRK RD. WEST PALM BEACH, FL 33406			Mailing Address 1591 KIRK RD. WEST PALM BEACH, FL 33406		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0734977	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BREZNEN, REV. MICHAEL A 9311 YEARLING LAKE WORTH, FL 33467			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BREZNEN, REV. MICHAEL 9311 YEARLING LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARNISH, MARTIN 2285 EDGEWATER WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VI THOMPSON, JOHN 4289 DOROTHEA DR. LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLOBAUM, AUDREY 765 LAKE WELLINGTON DR. WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Robert Emch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 Village Green Cr. E Palm Springs, Fl. 33461		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Rev Michael A Breznen</i>		Date: <i>1/30/06</i> Daytime Phone #: <i>561 965-4622</i>			