

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001123

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** HOLY CROSS SUBSIDIZED RETIREMENT HOUSING CENTER, INC.

**Current Principal Place of Business:**

1591 KIRK RD.  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1591 KIRK RD.  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 65-0734977      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BREZNEN, REV. MICHAEL A  
9311 YEARLING  
LAKE WORTH, FL 33467      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: DP      ( ) Delete  
Name: BREZNEN, REV. MICHAEL  
Address: 9311 YEARLING  
City-St-Zip: LAKE WORTH, FL 33467

Title: T      ( ) Delete  
Name: AHO, JOHN  
Address: 412 WRIGHT DR  
City-St-Zip: LAKE WORTH, FL 33461

Title: SD      ( ) Delete  
Name: HANSEN, DORIS  
Address: 2357 CAROMA LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD      ( ) Delete  
Name: EMCH, ROBERT  
Address: 100 VILLAGE GREEN CIRCLE E  
City-St-Zip: PALM SPRINGS, FL 33461

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

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

Title: T      (X) Change ( ) Addition  
Name: AHO, JOHN  
Address: 4649 KOKOMO DR  
City-St-Zip: LAKE WORTH, FL 33463

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN D. AHO

T

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date